

Survey Response Details

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Response Details

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1) Country

Micronesia (0)

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

Mr. Johnny Hebel

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7) Date of submission:

Please enter in DD/MM/YYYY format

14/05/2010

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

Each of the four FSM state level HIV/AIDS Programs was asked to respond to the questions. Then a NAC meeting was held (in March) to review the submitted information and to fill in gaps. Much information was still missing and a request was made for each state to return to their respective homes and send in the missing data. To date, no additional information has been received.

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

There were no disagreements regarding the information at the march NAC meeting.

10)

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

Many gaps/missing data; sometimes rates are stated using different demoninators; some questions are misunderstood or translated incorrectly.

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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	FSM Dept Health & Social Services	J. Hebel / HIV-AIDS Program Coordinator	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	Kosrae State Government	Barry Mongkeya/HIV Coordinator	A.I, A.II, A.III, A.IV, A.V
Respondent 3	Kosrae State Government	Foster Waguk/STI/TB Coordinator	A.I, A.II, A.III, A.IV, A.V
Respondent 4	Chuuk State Government	Eleanor Sos/HIV Coordinator	A.I, A.II, A.III, A.IV, A.V
Respondent 5	Chuuk State Government	Pipiana Wichep/STI Coordinator	A.I, A.II, A.III, A.IV, A.V
Respondent 6	Yap State Government	Angela Yefangney/HIV and STI Health Promotion Officer and CTR/VCCT Counselor	A.I, A.II, A.III, A.IV, A.V
Respondent 7	Pohnpei State Government	Nancylynn Edward/HIV/STI Coordinator	A.I, A.II, A.III, A.IV, A.V
Respondent 8	Pohnpei State Government	Rupihner Defang/TB Coordinator	A.I, A.II, A.III, A.IV, A.V
Respondent 9	FSM Nat'l Govt. Dept. of Health & Social Affairs	FSM National STI, Leprosy and TB Program Coordinator	A.I, A.II, A.III, A.IV, A.V
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 Pohnpei Community Planning Group	Kun Isaac/CPG Chair	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 Kosrae Womens' Group	Mira Palsis/Women's Group	B.I, B.II, B.III, B.IV
Respondent 3 Kosrae Community Planning Group	Hilton Phillip/KCPG Chair	B.I, B.II, B.III, B.IV
Respondent 4 Chuuk Community Planning Group	Kichy Joseph/CCPG Chair	B.I, B.II, B.III, B.IV
Respondent 5 Chanber of Commerse	Cindy Siren Mori/Private Sector	B.I, B.II, B.III, B.IV
Respondent 6 Yap Community Planning Group	Libuw D. Pongliyab/YCPG Chair	B.I, B.II, B.III, B.IV
Respondent	Miranesia Human resource	

Respondent 7	Micronesia Human Resource Development Center	Bob Speagal/Head	B.I, B.II, B.III, B.IV
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			

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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)

No (0)

Page 6

16) Part A, Section I: STRATEGIC PLAN**Question 1 (continued)****IF NO or NOT APPLICABLE, briefly explain why**

Existing plan is not multi-sectoral, it is primarily focused on the health sector.

Page 14

17)

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?**

No (0)

Page 16

18)

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

19)

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

No (0)

Page 19

20)

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

No (0)

Page 21

21)

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

22)

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

23)

Part A, Section I: STRATEGIC PLAN

7.1 Have the national strategy and national HIV budget been revised accordingly?

No (0)

24)

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

No (0)

Page 25

25)

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?

No (0)

26)

7.4 Is HIV programme coverage being monitored?

Yes (0)

Page 26

27)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (continued)**(a) IF YES, is coverage monitored by sex (male, female)?**

Yes (0)

28)

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

No (0)

Page 2829) **Part A, Section I: STRATEGIC PLAN****Question 7.4 (continued)****(c) Is coverage monitored by geographical area?**

No (0)

Page 29

30)

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

31)

Part A, Section I: STRATEGIC PLAN**Question 7.5 (continued)****Overall, how would you rate strategy planning efforts in the HIV programmes in 2009?**

7 (7)

32)

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

Completion of several SGS surveys, HIV data base developed, testing and treatment services expanded to outer islands, GFATM support for testing services in-country and in Honolulu,

33)

What are remaining challenges in this area:

Improved recording and M&E efforts, planning for future budget needs if external sources disappear

Page 31

34)

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	No
Other officials in regions and/or districts	No

35)

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

36)

2.1 IF YES, when was it created?

Please enter the year in yyyy format

2010

37)

2.2 IF YES, who is the Chair?

Name	Kun Isaac
Position/title	Chair

38)

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

have terms of reference?	No
have active government leadership and participation?	Yes
have a defined membership?	No
include civil society representatives?	Yes
include people living with HIV?	No
include the private sector?	Yes
have an action plan?	No
have a functional Secretariat?	Yes
meet at least quarterly?	No
review actions on policy decisions regularly?	No
actively promote policy decisions?	No
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?

No

Page 33

39)

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

16

Page 34

40)

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?

No (0)

Page 35

41)

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)

25

42)

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	

43)

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

No (0)

Page 38

44)

Part A, Section II: POLITICAL SUPPORT**Question 6.1 (continued)****Overall, how would you rate the political support for the HIV programmes in 2009?**

6 (6)

45)

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

NAC in process of development, some state have laws in place, World AIDS Day is time for events run by state government HIV/AIDS programs

46)

What are remaining challenges in this area:

More policies and laws developed, secure local budget support commitment for the future

Page 39

47)

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

48)

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)
- 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)

49)

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

No (0)

Page 41

50)

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)

51)

2.1 Is HIV education part of the curriculum in:

primary schools?	No
secondary schools?	Yes
teacher training?	No

52)

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

Yes (0)

53)

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

No (0)

54)

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?

No (0)

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55)

Part A, Section III: PREVENTION**Question 3 (continued)****IF NO, briefly explain:**

IEC efforts are typically not focused on a specific MARP. Not all MARPs are well-defined, No organized CSW exists and many do not believe there is CSW in the FSM.

Page 44

56)

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

2 (2)

57)

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

Some states have HIV laws, but not all.

58)

What are remaining challenges in this area:

More policy development is needed. Culture is often an obstacle to effective communication and policy development. Need to address this issue in all states.

Page 45

59)

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

Yes (0)

Page 46

60)

Part A, III. PREVENTION**Question 4 (continued)****IF YES, how were these specific needs determined?**

Discussion with State level HIV program staff at national meetings.

61)

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	N/A
Risk reduction for men who have sex with men	Don't agree
Risk reduction for sex workers	Don't 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	Don't agree
HIV prevention in the workplace	Don't agree
Other: please specify	

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62)

Part A, III. PREVENTION

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

6 (6)

63)

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

SGS Surveys, Some IEC material developed and also in local languages, World AIDS Day activities, some other activities, expanded number of youth and mens sites for getting reproductive health information and testing services

64)

What are remaining challenges in this area:

Most efforts are not outreach oriented and not many specifically focused on MARPs.

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65)

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

66)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1.1 IF YES, does it address barriers for women?

No (0)

67)

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

No (0)

68)

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

Yes (0)

Page 50

69)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 2 (continued)

IF YES, how were these determined?

Consultation with state HIV Program staff

70)

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	Don't agree
Home-based care	Agree
Palliative care and treatment of common HIV-related infections	Don't 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	N/A
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)	Don't agree
Other: please specify	

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71)

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)

72)

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

73)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 4 (continued)

IF YES, for which commodities?:

ARVs and associated supplies

Page 53

74)

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

Establish regional supply for ARVs, HIV+ individuals identified and on treatment, training for HIV staff

75)

What are remaining challenges in this area:

Need psychosocial services, Need better patient tracking

Page 54

76)

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)

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77)

Part A, Section V: MONITORING AND EVALUATION**1. Does the country have *one* national Monitoring and Evaluation (M&E) plan?**

Yes (0)

Page 58

78)

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

2009

79)

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

2013

80)

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

Yes (0)

81)

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

Yes (0)

82)

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

83)

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

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84)

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	No

85)

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

In progress (0)

Page 64

86)

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

No (0)

Page 65

87)

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

M&E efforts are in collaboration with the work of GFATM in the FSM

88)

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

In progress (0)

Page 69

89)

What are the major challenges?

Funding and implementation of consistent M&E activities.

Page 70

90)

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?**

No (0)

Page 71

91)

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

Yes (0)

Page 72

92)

Part A, Section V: MONITORING AND EVALUATION**7.1 IF YES , briefly describe the national database and who manages it:**

Age/Sex/risk factor associated with infection/new cases per year/living cases/ cases on Rx Database is managed by the national HIV/AIDS program staff

93)

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?

No, none of the above (0)

Page 73

94)

7.3 Is there a functional* Health Information System?

At national level	Yes
At subnational level	Yes

Page 74

95) **Part A, Section V: MONITORING AND EVALUATION**

For Question 7.2, you have checked "Yes, but only some of the above", please specify what the central database has included.

For Question 7.3, you have indicated "Yes" to "subnational level", please specify at what level(s)?

State level collects information and submits to national level quarterly

96)

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

No (0)

97)

9. To what extent are M&E data used

9.1 in developing / revising the national AIDS strategy?:

2 (2)

98)

Provide a specific example:

To improve reporting of specimens sent for testing

99)

What are the main challenges, if any?

Fully developing and implementing the M&E effort, lack of consistent data collection and analysis activities.

Page 75

100) Part A, Section V: MONITORING AND EVALUATION**9.2 To what extent are M&E data used for resource allocation?**

1 (1)

101)**Provide a specific example:**

none

102)**What are the main challenges, if any?**

Almost all HIV/AIDS/STI related activities are funded and thus organized by external organizations. Resources are most often directed by donor driven plans.

Page 76**103)****Part A, Section V: MONITORING AND EVALUATION****9.3 To what extent are M&E data used for programme improvement?:**

0

104)**Provide a specific example:**

Too early in the M&E process to have examples

105)**What are the main challenges, if any?**

Further development of M&E effort

Page 77**106) 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, but only addressing some levels (0)

Page 78**107) Part A, Section V: MONITORING AND EVALUATION**

For Question 10, you have checked "Yes, but only addressing some levels", please specify

at national level (0)

at subnational level (0)

108)

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

At national level? Yes

At subnational level?

At service delivery level including civil society?

Page 79

109) **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

12

Page 80

110)

Part A, Section V: MONITORING AND EVALUATION

10.2 Were other M&E capacity-building activities conducted other than training?

Yes (0)

Page 81

111) **Part A, Section V: MONITORING AND EVALUATION**

Question 10.2 (continued)

IF YES, describe what types of activities:

State level staff have accompanied national level staff on M&E visits to other states to observe activities.

Page 82

112) **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?

4 (4)

113)

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

Some training and M&E visits to state level conducted.

114)

What are remaining challenges in this area:

Further develop a more routine and consistent M&E effort.

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115)

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

116)

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:

Of the four FSM states two have laws and discrimination based in HIV is deemed illegal.

117)

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

No (0)

Page 86

118)

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)

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119) 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

120)

Part B, Section I. HUMAN RIGHTS

Question 4 (continued)

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

A person may not be discriminated against based upon HIV status.

121)

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?

No (0)

Page 90

122)

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?

No (0)

Page 91

123)

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 |

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124)

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:

There are only five (5) persons on treatment at this time. Each state has a "team" to work with their HIV+ patients. Most difficult problem will be providing such services on the outer islands.

125)

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

No (0)

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126)

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?

No (0)

Page 95

127)

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

No (0)

128)

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)

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129)

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?

No (0)

Page 97

130)

– Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work

No (0)

131)

– 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

No (0)

132)

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

No (0)

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133)

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)

134)

– Legal aid systems for HIV casework

No (0)

135)

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

No (0)

136)

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

Yes (0)

137)

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

Yes (0)

Page 100

138)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)

IF YES, what types of programmes?

Media	No
School education	Yes
Personalities regularly speaking out	No
State HIV staff provide information and assistance along with the patient's HIV "team"	Yes

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139)

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?

2 (2)

140)

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

Development and training of the HIV patient's health care "team" in each state. As needed, this team can help the patient in all social areas. Two states have legislation addressing HIV/AIDS issues.

141)

What are remaining challenges in this area:

Very little demand for promotion and protection due to very small number of HIV+s. Thus, slow development in this arena. Need better coordination between all states "teams" to identify gaps and other areas for improvement.

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142)

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

Two states have legislation addressing HIV/AIDS issues. Since very small number of HIV+s, little action in this area.

143)

What are remaining challenges in this area:

The other two states need to develop laws. Then will need HIV+ to utilize the legislation to have better enforcement when it becomes necessary.

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144)

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?**

1 (1)

145)

Comments and examples:

A couple Women's Groups, the Micronesian Red Cross Society, and the Micronesia Human Resource Development Center (MHRDC) have supported awareness raising and advocacy activities for both general public and political/traditional leadership. However this is usually only a once-per-year (or less frequent) activity.

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146)

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)?**

1 (1)

147)

Comments and examples:

The representatives have attended some meeting (NAC, GFATM CCM) and have the opportunity to contribute, but few do so.

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148)

a. the national AIDS strategy?

2 (2)

149)

b. the national AIDS budget?

1 (1)

150)

c. national AIDS reports?

2 (2)

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151)

a. developing the national M&E plan?

1 (1)

152)

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

1 (1)

153)

c. M&E efforts at local level?

1 (1)

154)

Comments and examples:

MHRDC (via GFATM financial sources) supports the logistics and costs of M&E activities.

Page 107**155) 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)?**

1 (1)

156)

Comments and examples:

Only some churches address HIV/AIDS issues and are involve dinthe effort.

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157)

a. adequate financial support to implement its HIV activities?

3 (3)

158)

b. adequate technical support to implement its HIV activities?

3 (3)

159)

Comments and examples:

GFATM and Pacific HIV Response Funds are available to civil society as is techincal assistance. Awareness of what resources are available is low.

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160) **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	25-50%
Prevention for most-at-risk-populations	
- Injecting drug users	
- Men who have sex with men	
- Sex workers	
Testing and Counselling	<25%
Reduction of Stigma and Discrimination	<25%
Clinical services (ART/OI)*	<25%
Home-based care	<25%
Programmes for OVC**	<25%

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161)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

Question 7 (continued)

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

2 (2)

162)

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

Some youth prevention programs have been conducted by civil society.

163)

What are remaining challenges in this area:

Since there is a very small HIV+ population, there is not a large demand for the existence of civil society organizations that address HIV/AIDS issues. Awareness of what resources are available needs to be increased among all civil society organizations.

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164)

Part B, Section III: PREVENTION

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

Yes (0)

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165)

Part B, Section III: PREVENTION

Question 1 (continued)

IF YES, how were these specific needs determined?

Consultation between state, national, and regional expertise during workshops and state visits.

166)

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	N/A
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	Don't agree

HIV prevention in the workplace

Don't agree

Other: please specify

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167)

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?**

5 (5)

168)

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

More activities are conducted and more information is available than in past years. Screening for STIs has increased. Condom use promotion is increasing.

169)

What are remaining challenges in this area:

Prevention programs often have a very general focus and some need to be directed at specific MARPs.

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170)

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

171)

Part B, Section IV: TREATMENT, CARE AND SUPPORT**Question 1 (continued)****IF YES, how were these specific needs determined?**

Consultations with regional expertise, training conducted and patient care "teams" established.

172)

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	N/A
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Don't 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	N/A
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	

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173)

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?

5 (5)

174)

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

Development of the "teams". Source for procurement of ARV's established.

175)

What are remaining challenges in this area:

Better psychosocial care needed. Workplace HIV/AIDS issues may become a problem in the near future.

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176)

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?

No (0)