

Survey Response Details

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Response Details

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1) Country

Yemen (0)

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

Dr. Abdulhameed Naji Mohammed Alsuhaibi

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Please include country code

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

Interviews

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

All stakeholders were invited to a vetting meeting

8)

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

No major concerns on the data but rather on the length of the NCPI. Almost all stakeholders who were involved in the process complained about its length and the amount of information requested.

Some of the participants felt that a great deal of the information was not in their realm of their experience and that they ended up guessing some items or indicating that it was Not applicable.

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9)

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	MOHP Jamal Nasher/Deputy Minister for Planning	A.I, A.II

10)

Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 2	MOHP Dr Rashad Sheikh/Director General of the Health Policy and Technical Support Unit	A.I, A.II, A.III
Respondent 3	MOHP Dr. Abdul Hameed AISohaybi, NAP Manager	A.I, A.II, A.III, A.IV, A.V
Respondent 4	National Population Council Ms. Najla Al-Nomi/Director General of Monitoring, Coordination and Evaluation	A.I, A.II, A.III
Respondent 5		
Respondent 6		
Respondent 7		
Respondent 8		
Respondent 9		
Respondent 10		
Respondent 11		
Respondent 12		
Respondent 13		
Respondent 14		
Respondent 15		
Respondent 16		
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- Respondent
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- Respondent
- 24
- Respondent
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11)

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	UNAIDS	Dr. Fouzia Gharamah	B.I, B.II, B.III, B.IV

12)

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 2	UNICEF	Dr. Bouthainah Al-Iryani/HIV/AIDS Specialist	
Respondent 3	WHO - Yemen	Dr. Moses Mutebi, WHO Medical Officer, Yemen	B.I, B.II, B.III, B.IV
Respondent 4	Comprehensive Social Services Center, Aden	Ms. Rassina Yassin Abdullah	B.I, B.II, B.III, B.IV
Respondent 5	Women Sustainable Development Association, Aden	Ms. Huda Mahfoud	B.I, B.II, B.III, B.IV
Respondent 6			
Respondent 7			
Respondent 8			
Respondent 9			
Respondent 10			
Respondent 11			
Respondent 12			

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Respondent
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Respondent
25

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13)

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

The strategy was developed in 2002 and revised in 2009

15)

1.1 How long has the country had a multisectoral strategy?**Number of Years**

7

16)

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	No
Education	Yes	No
Labour	Yes	No
Transportation	Yes	No
Military/Police	Yes	No
Women	Yes	No
Young people	Yes	No
Other*		

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17)

IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specific activities?

The implementation of their HIV/ specific activities have conducted through support from funding agencies (including global funds) and government budget, according to annual plans.

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18)

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	No
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 |

19)

1.4 Were target populations identified through a needs assessment?

Yes (0)

Page 10

20)

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

2002

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21)

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

Female sex workers, MSMs, and IDUs in addition to other vulnerable groups such as refugees, STI patients, prisoners, and truck drivers.

22)

1.6 Does the multisectoral strategy include an operational plan?

No (0)

23)

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? | No |
| d. An indication of funding sources to support programme? | No |
| e. A monitoring and evaluation framework? | No |

24)

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

25)

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

The NGO's have participated actively in the development process of this strategy. They gave inputs according to their experience through working group sessions, and they were invited again to a consensus workshop

26)

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

Yes (0)

27)

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

Yes, all partners (0)

Page 14

28)

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)

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29)

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: Please specify	

30)

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: Please specify	

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31)

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

32)

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

33)

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

34)

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

35)

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

36)

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

Yes (0)

37)

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

Yes (0)

Page 25

38)

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 needs only (0)

39)

7.4 Is HIV programme coverage being monitored?

Yes (0)

Page 26

40)

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

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

Yes (0)

41)

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

No (0)

Page 28

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

Question 7.4 (continued)

(c) Is coverage monitored by geographical area?

Yes (0)

Page 29

43)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (c) (continued)

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

Governorates

44)

Briefly explain how this information is used:

Information collected is used for planning of scale up of the services accordingly

45)

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

No (0)

Page 30

46)

Part A, Section I: STRATEGIC PLAN

Question 7.5 (continued)

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

5 (5)

47)

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

Strategy was developed and case detection increased. Also, a costed action plan is being developed (draft)

48)

What are remaining challenges in this area:

Targeting most at risk population Increasing local resources Integration of services

Page 31

49)

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	Yes

50)

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

No (0)

Page 32

51)

Part A, Section II: POLITICAL SUPPORT**Question 2 (continued)****IF NO, briefly explain why not and how AIDS programmes are being managed:**

Due to the establishment of Country Coordination Mechanism (CCM) under the Glocal Fund initiative, the national task force has been marginalized. Currently, the Ministry of Health is going to reactivate that taskforce.

Page 34

52)

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

53)

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)

5

54)

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	

55)

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

56)

Part A, Section II: POLITICAL SUPPORT

Question 6.1 (continued)

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

5 (5)

57)

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

New laws were endorsed by the government for the protection of people living with HIV

58)

What are remaining challenges in this area:

Page 39

59)

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

60)

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)
- 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)
- n. Know your HIV status (0)
- o. Prevent mother-to-child transmission of HIV (0)

61)

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

62)

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)

63)

2.1 Is HIV education part of the curriculum in:

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

64)

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

Yes (0)

65)

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

No (0)

66)

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

67)

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	Men having sex with men, Sex workers, Clients of sex workers, Prison inmates, Other populations
Stigma and discrimination reduction	Men having sex with men, Sex workers, Clients of sex workers, Prison inmates, Other populations
Condom promotion	Men having sex with men, Sex workers, Clients of sex workers, Prison inmates
HIV testing and counselling	Men having sex with men, Sex workers, Clients of sex workers, Prison inmates

Reproductive health, including sexually transmitted infections prevention and treatment
 Vulnerability reduction (e.g. income generation)
 Drug substitution therapy
 Needle & syringe exchange

Men having sex with men, Sex workers, Clients of sex workers, Prison inmates
 Injecting drug user

Page 43**68) 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".

Other populations include refugees and truck drivers.

Page 44

69)

Part A, III. PREVENTION**Question 3.1 (continued)**

Overall, how would you rate the policy efforts in support of HIV prevention in 2009?

6 (6)

70)

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

Development of policy for HIV testing and counseling Development of law for human right protection

Page 45

71)

Part A, III. PREVENTION

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

Yes (0)

Page 46

72)

Part A, III. PREVENTION**Question 4 (continued)**

IF YES, how were these specific needs determined?

Situational analysis studies KABP studies consensus meetings Need assessment conducted by international experts

73)

4.1 To what extent has HIV prevention been implemented?

The majority of people in need
have access

HIV prevention component

Blood safety	Don't 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	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	

Page 47

74)

Part A, III. PREVENTION

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

5 (5)

75)

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

HIV testing and counseling services available Establishment of PMTCT services Availability of ARVS and opportunistic infection services

76)

What are remaining challenges in this area:

Low coverage of services

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77)

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

78)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1.1 IF YES, does it address barriers for women?

Yes (0)

79)

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

Yes (0)

80)

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

Yes (0)

Page 50

81)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 2 (continued)

IF YES, how were these determined?

By estimation of people who will be in need for treatment and care for HIV, scale up assessment according to WHO guidelines taking into consideration the local context

82)

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

Don't agree

Paediatric AIDS treatment

Agree

Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Agree
Home-based care	Don't 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)	Don't 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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83)

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)

84)

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)

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85)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 4 (continued)

IF YES, for which commodities?:

ARV's Testing kits "reagents"

Page 53

86)

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?

7 (7)

87)

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

Availability of care and treatment services including ARV's

88)

What are remaining challenges in this area:

Low coverage Stigma and discrimination present a barrier for people to access services

Page 54

89)

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?

No (0)

Page 57

90)

Part A, Section V: MONITORING AND EVALUATION

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

In progress (0)

Page 64

91)

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

No (0)

Page 65

92)

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

Based on the consensus of the M&E Working Group in consultation with stakeholders.

93)

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

Yes (0)

Page 66

94)

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

in the National AIDS Commission (or equivalent)? Yes
 in the Ministry of Health? Yes
 Elsewhere? (please specify)

95) **Number of permanent staff:**

Please enter an integer greater than or equal to 0
 3

96) **Number of temporary staff:**

Please enter an integer greater than or equal to 0
 0

Page 67

97)

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	Manager	Full time	2007
Permanent staff 2	Assistant	Full time	2009
Permanent staff 3	Assistant	Full time	2009
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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98)

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?

No (0)

Page 70

99)

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, but meets irregularly (0)

100)

6.1 Does it include representation from civil society?

No (0)

Page 71

101)

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

Yes (0)

Page 72

102)

Part A, Section V: MONITORING AND EVALUATION

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

HIV related data is restricted only for case reporting and for surveillance activities which are reported to the Surveillance Unit

103)

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, but only some of the above (0)

Page 73

104) **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.

target populations (0)
implementing organizations (0)

105)

7.3 Is there a functional* Health Information System?

At national level Yes
At subnational level Yes

Page 74

106) 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)?

The surveillance system in place for all infectious diseases. Similarly, the health information system in place but it needs further development

107)

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

Yes (0)

108)

9. To what extent are M&E data used

9.1 in developing / revising the national AIDS strategy?:

3 (3)

109)

Provide a specific example:

The information collected from studies and surveys is used in planning for activities. Reports collected from field visits play an important role in designing interventions

110)

What are the main challenges, if any?

Inadequate technical capacity in this field

Page 75

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

3 (3)

112)

Provide a specific example:

Data is used to improve supervision of activities Used for deciding on training on ME Used in the improvement of the database system

113)

What are the main challenges, if any?

Political commitment to using this data

Page 76

114)

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

3 (3)

115)

Provide a specific example:

Scale up plan

116)

What are the main challenges, if any?

Political commitment to use the data collected

Page 77**117) 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**118) Part A, Section V: MONITORING AND EVALUATION**

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

specify

at subnational level (0)

119)

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

At national level?	Yes
At subnational level?	Yes
At service delivery level including civil society?	Yes

Page 79**120) 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

5

121) Please enter the number of people trained at subnational level.

Please enter an integer greater than 0

30

122) Please enter the number of people trained at service delivery level including civil society.

Please enter an integer greater than 0

60

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123)

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

No (0)

Page 82**124) 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?**

5 (5)

125)

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

GF monitoring and evaluation plan Capacity building on ME

126)

What are remaining challenges in this area:

HR capacity Management culture still not oriented towards effective M&E

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127)

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

128)

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

129)

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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130) **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)

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131)

Part B, Section I. HUMAN RIGHTS**Question 4 (continued)**

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

This became a priority in Priority in NSP 2009—2015 Psychological and social support and human rights for PLHW and their families. This is also a cross-cutting entity mentioned in other cases too

132)

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)

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133)

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)

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134)

Part B, Section I. HUMAN RIGHTS**Question 6 (continued)**

IF YES, describe some examples:

PLWH have representation in policy making bodies like the CCM Involvement is also in such meetings as guidelines development and strategy formulation

135)

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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136)

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:

Implementation is through NAP and MOH The main barrier stems from the fact that they are a hidden population. Furthermore, the cultural and educational level of the community at large presents a major barrier to accessing the services by the PLWH

137)

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

Yes (0)

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138)

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)

139)

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)

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140)

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

No (0)

141)

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?

No (0)

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142)

– **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)

143)

– **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)

144)

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

No (0)

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145)

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?

No (0)

146)

– **Legal aid systems for HIV casework**

No (0)

147)

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

No (0)

148)

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

their rights

Yes (0)

149)

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

Yes (0)

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150)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)

IF YES, what types of programmes?

Media	Yes
School education	Yes
Personalities regularly speaking out	No
Other: please specify	

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151)

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?

4 (4)

152)

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

Great improvements, with more NGOs getting active Establishment of NGO's working in field of HIV Establishment of PLHW association Endorsement of the law on community prevention and PLHW protection law

153)

What are remaining challenges in this area:

Still a weak civil society Cultural and Religious factions playing an inhibitive role

Page 102

154)

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?

3 (3)

155)

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

The law is has recently been enacted and hence it needs to be enforced in its full capacity

156)

What are remaining challenges in this area:

Weak civil society The cultural and religious factor Capacity to enforce law by the responsible government bodies

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157)

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?

2 (2)

158)

Comments and examples:

Pressuring the government to enact the law Civil Society's participation in CCM

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159)

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)?

3 (3)

160)

Comments and examples:

4 civil society organizations participating in development of the National Operational Plan (2010-2011)of the NSP 2009-2011

Page 105

161)

a. the national AIDS strategy?

4 (4)

162)

b. the national AIDS budget?

2 (2)

163)

c. national AIDS reports?

2 (2)

164)

Comments and examples:

The civil society organizations review funding and capacity development activities. These are funded through national bodies/authorities like NAP and NPC

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165)

a. developing the national M&E plan?

2 (2)

166)

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

0

167)

c. M&E efforts at local level?

0

168)

Comments and examples:

Currently no M&E Committee or taskforce. There is an M&E working group involved in the planning and development of the M&E system. CSOs participate in MTR, evaluation and they play an oversight role in the CCM

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169) 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)?

3 (3)

170)

Comments and examples:

Predominantly PLWH Some NGOs are not interested. The others are trying to involve them to increase the diversity and representation of organizations.

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171)

a. adequate financial support to implement its HIV activities?

3 (3)

172)

b. adequate technical support to implement its HIV activities?

3 (3)

173)

Comments and examples:

Financial support: GF, Qatar Foundation, UNICEF, UNAIDS, INT'L NGO's Technical support: UN family , International NGO's

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174) 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	>75%
Prevention for most-at-risk-populations	
- Injecting drug users	<25%
- Men who have sex with men	>75%
- Sexworkers	51-75%
Testing and Counselling	>75%
Reduction of Stigma and Discrimination	>75%
Clinical services (ART/OI)*	<25%
Home-based care	<25%

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175)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

Question 7 (continued)

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

7 (7)

176)

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

More government involved with CSO Mainstreaming

177)

What are remaining challenges in this area:

Capacity: technical, managerial, M&E Infrastructure

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178)

Part B, Section III: PREVENTION

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

Yes (0)

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179)

Part B, Section III: PREVENTION

Question 1 (continued)

IF YES, how were these specific needs determined?

VCT surveillance special studies in MARP's KABP studies

180)

1.1 To what extent has HIV prevention been implemented?

The majority of people in need have access	
HIV prevention component	
Blood safety	Don't agree
Universal precautions in health care settings	Don't agree
Prevention of mother-to-child transmission of HIV	Agree

IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Don't agree
Condom promotion	Don't agree
HIV testing and counselling	Don't 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	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: please specify	

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181)

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?

8 (8)

182)

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

Government, NGOs, UN agencies, and volunteers are working together to promote prevention
 Establishment of PMTCT programs Establishment of VCT programs Youth friendly services
 Community based programmes

183)

What are remaining challenges in this area:

Constraint in financial resources Decentralization of programmes to CSOs Expansion of safety programs to subnational and local levels Prevention programs among MARPs Stigma and Discrimination for PLWH

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184)

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)

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185)

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

Standard WHO package adapted to community situations Consultations by experts and PLWH

186)

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	Don't agree
Nutritional care	Don't agree
Paediatric AIDS treatment	Don't agree
Sexually transmitted infection management	Don't agree
Psychosocial support for people living with HIV and their families	Don't agree
Home-based care	Don't 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	Don't agree
Cotrimoxazole prophylaxis in HIV-infected people	Don't agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Don't 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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187)

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?**

7 (7)

188)

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

Establishment of HIV care and treatment services country wide Providing free access to medicine and services Equipment , training of services procedure, guidelines etc

189)

What are remaining challenges in this area:

- Reaching those most in need and infected - PLWH are suffering due to their fear to surface but things are improving - Capacity - Stigma and discrimination - Sustainability

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190)

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)