Survey Response Details

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Response Details

Page 1

1) Country

Afghanistan (0)

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

Dr. Omarzaman Sayedi

3) Postal address:

Ministry of Public Health, Natioanl AIDS Control Program Great Masoud Square, Kabul, Afghanistan

4) Telephone:

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NA

6) E-mail:

omar_sayedi@yahoo.com

7) Date of submission:

Please enter in DD/MM/YYYY format

23/02/2010

Page 3

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

One person from National AIDS Control Programme took charge of the NCPI data collection process.The NCPI Part A was administered to different government officials who were appropriate for each of the sections. Similarly, NCPI Part B was also distributed to various NGOs, and UN agency. Specific chapters of the NCPI were distributed, that was the most relevant to the particular

organization. All these were put together in one form and shared during a validation meeting, where one common rating was agreed on and the comments were discussed and finalized.

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

A consensus was achieved during the validation workshop that was held in the premises of the National AIDS COntrol PRogramme on the 27th of March 2010. This was attended by 22 individuals that consisted of NACP staff, NGO implementers, academic institution partners, UN partners and other donors.

10)

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

NONE

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 Public Health	Dr. Ajmal Sabawoon/Acting Manager of National AIDS Control Program	A.I

12)

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 2	Ministry of Public Health	Dr. Nadira Hayat Burhani/Deputy Minister for Health Services Provision	A.II
Respondent 3	Ministry of Public Health	Dr. Ahmad Shah Shakohmand/Director General of Health Services Provision	A.III
Respondent 4	Ministry of Public Health	Dr. Zubair Harooni/Kabul ART Manager	A.IV
Respondent 5	Ministry of Public Health	Dr. Tahir Kazim/M and E officer of GF R7 Project	A.V
Respondent 6	Ministry of Public Health	Dr. Hashim Rahimi/GF R7 Project Manager	A.I, A.V
Respondent 7	Ministry of Public Health	Dr. Mirzaman Malakzai/Guidline Development Advisor of NACP	A.III, A.IV
Respondent 8	Ministry of Public Health	Dr. Malika Popal/Advocacy and Communication Advisor of NACP	A.II
Respondent 9	Ministry of Public Health	Mrs. Roya Amina/IEC and BCC officer of NACP	A.III
Respondent 10	Ministry of Public Health	Dr. Mohammad Younus Bargami	A.III, A.V
Respondent 11	Ministry of Public Health	Dr. Samaruddin/Harm Reduction Advisor	A.III, A.V

Respondent 12	Ministry of Public Health	Dr. Mujeeburahman Sameer/Training officer of NACP	A.III
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	Afghanistan Independent Human Rights Comission	Dr. Suraya Sobhrang/Commissionar	B.I

14)

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 2	ARCS	Dr. Fatema Naseer/HIV project Coordinator	B.II
Respondent 3	AFGA	Dr. Friba Hosham/HIV Program Manager	B.III
Respondent 4	MDM	Mr. Olivier Vanbecasteele/General Coordinator for Afghanistan	B.III
Respondent 5	UNODC	Ms. Harsheth Kaur Virk/Expert HIV and AIDS Prevention and Care	B.IV
Respondent 6			

Respondent
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Respondent
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Respondent
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Respondent
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Respondent
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Respondent
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Respondent
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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:

2006-2010

17)

1.1 How long has the country had a multisectoral strategy?

Number of Years

4

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

Page 8

19)

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?

Since the NACP is established in 2003 and there was lack of strategic information, low HIV prevalence and existence of hidden population so the strategic framework addressed and funded HIV surveillance, advocacy and communication, most at risk population and capacity development. Based on new finding from HIV surveillance , we may come up with clear budget allocation respectively.

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	No
e. Sex workers	No
f. Orphans and other vulnerable children	No
g. Other specific vulnerable subpopulations*	Yes
Settings	
h. Workplace	Yes
i. Schools	Yes
j. Prisons	Yes
Cross-cutting issues	
k.HIV and poverty	No
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?

Injecting Drug Users , Female Sex Workers (FSW), Long distance transport worker and prisoners

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?

Moderate involvement   (0)

Page 12

27)

IF NO or MODERATE involvement, briefly explain why this was the case:

The program is new and the concept of HIV was unclear for many of the stakeholders. Afghanistan has been affected by internal war and conflicts and the environment and opportunities for civil societies working environment was not good. In the past two years involvement of civil society has increased though there is need for improvement. Limited involvement of PLHAs and IDUs and risk population. Meetings and documents are in English making difficult for some groups to meaningfully participate.

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, some 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	N/A
e. Other: Please specify	

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	No
Reduction of stigma and discrimination	Yes
Women's economic empowerment (e.g. access to credit, access to land, training)	No
Strengthening of health systems	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 signifi cant 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 varies from setting to setting. E.g. in prisons the HIV testing is voluntary whereas in the military it is mandatory

37)

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

38)

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?

Yes (0)

Page 22

39)

Part A, Section I: STRATEGIC PLAN

6.1 *IF YES,* **for which subpopulations?**

a. Women	No
b. Young people	No
c. Injecting drug users	Yes
d. Men who have sex with men	Yes
e. Sex Workers	Yes
f. Prison inmates	No
g. Migrants/mobile populations	No
Other: Please specify	

40)

IF YES, briefly describe the content of these laws, regulations or policies:

NA

41)

Briefly comment on how they pose barriers:

NA

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?

Yes (0)

Page 25

45)

Part A, Section I: STRATEGIC PLAN

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

Estimates of current needs only (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?

IDU, FSW, prisoners and long distance transport workers

50)

Briefly explain how this information is used:

NACP had developed forms to keep records of information of different groups. Based on that implementing agency and national programme monitor these programmes and plan for the interventions based on this information.

Page 28

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

Question 7.4 (continued)
(c) Is coverage monitored by geographical area?

Yes (0)

Page 29

52)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (c) (continued)
IF YES, at which geographical levels (provincial, district, other)?

Provincial

53)

Briefly explain how this information is used:

All information collected from field and sent to provincial level. At this stage, provincial dedicated person analyses the information and take appropriate action. All provinces send their reports to central level and where it is compiled and analysed. This is used for policy formulation and designing of interventions.

54)

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

Yes (0)

Page 30

55)

Part A, Section I: STRATEGIC PLAN

Question 7.5 (continued)
Overall, how would you rate strategy planning efforts in the HIV programmes in 2009?

7 (7)

56)

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

Establishment of HIV AIDS coordinating Council of Afghanistan (HACCA)and Accelerated implementation of the National Strategic Framework

57)

What are remaining challenges in this area:

-Stigma and discrimination associated with HIV -Laws and regulations against most at risk populations -Insufficient funds Shortage of capacities to manage and deliver services

Page 31

58)

Part A, Section II: POLITICAL SUPPORT

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

President/Head of government	No
Other high officials	No
Other officials in regions and/or districts	No

59)

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

Yes (0)

Page 32

60)

2.1 IF YES, when was it created?

Please enter the year in yyyy format
    2007

61)

2.2 IF YES, who is the Chair?

Name	to be filled in
Position/title	Deputy Minister for Techical affairs

62)

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

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

strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?   Yes

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Page 33

63)

Part A, Section II: POLITICAL SUPPORT

Question 2.3 (continued)
If you answer "yes" to the question "does the National multisectoral AIDS coordination body have a defined membership", how many members?

Please enter an integer greater than or equal to 1

   60

64)

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

Please enter an integer greater than or equal to 1

   1

Page 34

65)

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

66)

Part A, Section II: POLITICAL SUPPORT

Question 3 (continued)
IF YES, briefly describe the main achievements:

-Develop IEC materials, -Abrogate compulsory testing as pre-requisite for acquiring work permit for foreign workers -Agree on general reporting formats and forms

67)

Briefly describe the main challenges:

-Lack of an appropriate policy and legal environment for implementation of HIV/AIDS interventions

68)

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)

    80

69)

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

Information on priority needs	Yes
Technical guidance	Yes
Procurement and distribution of drugs or other supplies	No
Coordination with other implementing partners	Yes
Capacity-building	Yes
Other: Please specify	

70)

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

71)

Part A, Section II: POLITICAL SUPPORT

Question 6.1 (continued)
Overall, how would you rate the political support for the HIV programmes in 2009?

    3 (3)

72)

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

Establishment of HACCA Establishment of functional secretariat of HACCA

73)

What are remaining challenges in this area:

Much work is needed to gain high level political commitment for HIV interventions, There needs to be a review of laws and policies of the country

Page 39

74)

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

75)

Part A, Section III: PREVENTION

1.1 IF YES, what key messages are explicitly promoted?

Check for key message explicitly promoted (multiple options allowed)

c. Be faithful (0)
e. Use condoms consistently (0)
f. Engage in safe(r) sex (0)
g. Avoid commercial sex (0)
h. Abstain from injecting drugs (0)
i. Use clean needles and syringes (0)
j. Fight against violence against women (0)
k. Greater acceptance and involvement of people living with HIV (0)
l. Greater involvement of men in reproductive health programmes (0)
m. Males to get circumcised under medical supervision (0)
n. Know your HIV status (0)
o. Prevent mother-to-child transmission of HIV (0)

76)   In addition to the above mentioned, please specify <u>other</u> key messages explicitly promoted:

HIV is responsibility of all Afghan citizens Use VCT services Stigma reduction among IDU HIV & Islam particularly Khotba

77)

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

78)

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)

79)

2.1 Is HIV education part of the curriculum in:

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

80)

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

No (0)

81)

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

No (0)

82)

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

83)

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, Sex workers, Clients of sex workers, Prison inmates, Other populations
Stigma and discrimination reduction	Injecting drug user, Prison inmates
Condom promotion	Injecting drug user, Sex workers, Clients of sex workers, Prison inmates, Other populations
HIV testing and counselling	Injecting drug user, Sex workers, Clients of sex

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

Page 43

84)   **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".

Truck drivers

Page 44

85)

Part A, III. PREVENTION

Question 3.1 (continued)
Overall, how would you rate the policy efforts in support of HIV prevention in 2009?

3 (3)

86)

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

Drafting the Opioid substitution therapy policy

87)

What are remaining challenges in this area:

Implementation of OST policy, Development of national and sectoral policies

Page 45

88)

Part A, III. PREVENTION

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

Yes (0)

Page 46

89)

Part A, III. PREVENTION

Question 4 (continued)
IF YES, how were these specific needs determined?

Conducting studies in 2005 and 2006, on size estimation of MARP, including studies conducted by Action Aid in 2006. ORA international in April 2005 and University of Manitoba on study on social mapping in 2008 and IDUs in Kabul.

90)

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	Don't agree
Prevention of mother-to-child transmission of HIV	N/A
IEC* on risk reduction	Don't agree
IEC* on stigma and discrimination reduction	Don't agree
Condom promotion	Don't agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	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	Don't 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

91)

Part A, III. PREVENTION

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

5 (5)

92)

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

Expansion of HIV/AIDS prevention programme to 8 provinces, Establishment of ART clinics, Drop In Centers , more VCTs,& Mass media campaigns

93)

What are remaining challenges in this area:

Integrating and improvement of HIV prevention activities into BPHS /EPHS

Page 48

94)

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

95)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1.1 IF YES, does it address barriers for women?

Yes (0)

96)

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

Yes (0)

97)

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

Yes (0)

Page 50

98)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 2 (continued)
IF YES, how were these determined?
Based on studies and research

99)

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

HIV treatment, care and support service	
Antiretroviral therapy	Agree
Nutritional care	Don't 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	Don't agree
Palliative care and treatment of common HIV-related infections	Agree
HIV testing and counselling for TB patients	Don't 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	

Page 51

100)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

Yes (0)

101)

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

102)

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?

5 (5)

103)

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

ART specialists trained ART centers established in Kabul and Herat ART treatment guidelines & Approval of GF Round 7

104)

What are remaining challenges in this area:

Increasing ART centre in the country Awareness raising and increasing demand Training of staff Acquiring laboratory equipment

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Page 54

105)

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

106)

Part A, Section V: MONITORING AND EVALUATION

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

Yes (0)

Page 58

107)

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

2007

108)

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

2010

109)

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

Yes (0)

110)

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

people living with HIV?

Yes (0)

111)

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

112)

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	No
a data dissemination and use strategy	Yes

Page 61

113)

Part A, Section V: MONITORING AND EVALUATION

Question 2 (continued)
If you check "YES" indicating the national M&E plan include <u>a data collection strategy</u>, then does this <u>data collection strategy</u> address:

routine programme monitoring	Yes
behavioural surveys	Yes
HIV surveillance	
Evaluation / research studies	Yes

114)

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

Yes (0)

Page 62

115)

Part A, Section V: MONITORING AND EVALUATION

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

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

10

116)

3.2 IF YES, has full funding been secured?

No (0)

117)

3.3 IF YES, are M&E expenditures being monitored?

Yes (0)

Page 64

118)

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

No (0)

Page 65

119)

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

Based on National strategic framework, and thorough surveillance working group the priorities have been set.

120)

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

Yes (0)

Page 66

121)

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

in the National AIDS Commission (or equivalent)? No
in the Ministry of Health?   Yes
Elsewhere? (please specify)

122) Number of permanent staff:

Please enter an integer greater than or equal to 0

  1

123) Number of temporary staff:

Please enter an integer greater than or equal to 0

  0

Page 67

124)

Part A, Section V: MONITORING AND EVALUATION

Question 5.2 (continued)
Please describe the details of <u>all</u> the permanent staff:

	Position	Full time/Part time?	Since when? (please enter the year in yyyy format)
Permanent staff 1	M & E consultant	Full time	2007
Permanent staff 2			
Permanent staff 3			
Permanent staff 4			
Permanent staff 5			
Permanent staff 6			
Permanent staff 7			
Permanent staff 8			
Permanent staff 9			
Permanent staff 10			
Permanent staff 11			
Permanent staff 12			
Permanent staff 13			
Permanent staff 14			
Permanent staff 15			

Page 68

125)

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

126) Part A, Section V: MONITORING AND EVALUATION

Question 5.3 (continued)

IF YES, briefly describe the data-sharing mechanisms:

In each quarter, implementing partners submit their progress report considering indicators. In addition, there is a quarterly review workshop for such purposes.

127)

What are the major challenges?

-Insufficient staff -Dealing with most at risk population -Lack of skilled local experts -Security - Government bureaucratic procedures

---

Page 70

128)

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)

129)

6.1 Does it include representation from civil society?

Yes (0)

Page 71

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

Question 6.1 (continued)
IF YES, briefly describe who the representatives from civil society are and what their role is:

NA

131)

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

Yes (0)

Page 72

132)

Part A, Section V: MONITORING AND EVALUATION

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

This is an excel based database and national M and E Consultant manages it

133)

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

134)   **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.

geographical coverage of HIV services (0)

135)
7.3 Is there a functional* Health Information System?

At national level   Yes
At subnational level

Page 74

136)
8. Does the country publish at least once a year an M&E report on HIV, including HIV surveillance data?

Yes (0)

137)
9. To what extent are M&E data used

9.1 in developing / revising the national AIDS strategy?:

4 (4)

138)
Provide a specific example:

We are going to use these data on revision of the strategic framework. In addition the data has been used for reprogramming

139)
What are the main challenges, if any?

Convincing policy / decision makers to set targets and interventions for MARP

Page 75

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

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

3 (3)

141)

Provide a specific example:

Securing Global Fund Round 7

142)

What are the main challenges, if any?

Piloting and use of tools to service providers.

Page 76

143)

Part A, Section V: MONITORING AND EVALUATION

9.3 To what extent are M&E data used for programme improvement?:

3 (3)

144)

Provide a specific example:

Securing Global Fund Round 7

145)

What are the main challenges, if any?

Piloting and use of tools to service providers.

Page 77

146) **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

147) **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)

148)

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?	No

Page 79

149) **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

  4

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

Please enter an integer greater than 0

  20

Page 80

151)

Part A, Section V: MONITORING AND EVALUATION

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

  No (0)

Page 82

152) **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)

153)

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

Developing routine data collection form Establishment of second generation surveillance system Development of national M and E plan and database

154)

What are remaining challenges in this area:

Improvement of routines data collection form Development of Access base database and regular data entry and analysis,Data use Institutionalise Surveillance within the Department Triangulation to IBBS.

Page 83

155)

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 specifi cally mention HIV, focus on schooling, housing, employment, health care etc.)

No (0)

Page 84

156)

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

Yes (0)

Page 85

157)

Part B, Section I. HUMAN RIGHTS

2.1 *IF YES*, for which subpopulations?

a. Women	Yes
b. Young people	Yes
c. Injecting drug users	Yes
d. Men who have sex with men	Yes
e. Sex Workers	Yes
f. prison inmates	Yes
g. Migrants/mobile populations	No
Other: Please specify	

Page 86

158)

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?

Yes (0)

Page 87

159)

Part B, Section I. HUMAN RIGHTS

3.1 *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	
Other: Please specify	

160)

IF YES, briefly describe the content of these laws, regulations or policies:

NA

161)

Briefly comment on how they pose barriers:

NA

Page 88

162) **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

163)

Part B, Section I. HUMAN RIGHTS

Question 4 (continued)
IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:

   NA

164)

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

165)

6. Has the Government, through political and fi nancial 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

166)

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

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

Page 92

167)

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:

   NA

168)

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

   Yes (0)

Page 93

169)

> **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)

170)

> **9. Does the country have a policy to ensure equal access for most-at-risk populations and/or other vulnerable subpopulations to HIV prevention, treatment, care and support?**
>
>   Yes (0)

Page 94

171)

> **Part B, Section I. HUMAN RIGHTS**
>
> **Question 9 (continued)**
> **IF YES, briefly describe the content of this policy:**
>
>   NA

172)

> **9.1 IF YES, does this policy include different types of approaches to ensure equal access for different most-at-risk populations and/or other vulnerable sub-populations?**
>
>   Yes (0)

Page 95

173)

> **Part B, Section I. HUMAN RIGHTS**
>
> **Question 9.1 (continued)**
> **IF YES, briefly explain the different types of approaches to ensure equal access for different populations:**
>
>   The approaches are different with respect to Culture, whether the population is hidden or not, sensitivity of the issues, types of services, confidentiality to be ensured. specific targetted interventions will have different approaches.

174)

> **10.Does the country have a policy prohibiting HIV screening for general employment**

purposes (recruitment, assignment/relocation, appointment, promotion, termination)?

No (0)

175)

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

Yes (0)

Page 96

176)

Part B, Section I. HUMAN RIGHTS

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

Yes (0)

177)

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

Does not include PLHIV

Page 97

178)

– 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)

179)

– 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)

180)

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

No (0)

Page 99

181)

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)

182)

– Legal aid systems for HIV casework

No (0)

183)

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

No (0)

184)

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

No (0)

185)

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

Yes (0)

Page 100

186)

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	

Page 101

187)

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)

188)

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

BPHS implementation guidelines contain non-discriminatory comments. Existence of code of ethics. Guidelines and checklist. There are still challenges in prisons, sex workers.

189)

What are remaining challenges in this area:

NA

Page 102

190)

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?

   5 (5)

191)

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

Several strong steps already taken to implement differential programmes.

192)

What are remaining challenges in this area:

NA

Page 103

193)

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?

   3 (3)

194)

Comments and examples:

Many NGOs e.g. MDM, KOR, ARCS,SAF, OTCD, AFGA, Action AID , KAF, SHDP etc are working together with MoPH

Page 104

195)

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)?

4 (4)

196)

Comments and examples:

Many NGOs were involved in formulation of the strategic framework

Page 105

197)

a. the national AIDS strategy?

4 (4)

198)

b. the national AIDS budget?

3 (3)

199)

c. national AIDS reports?

3 (3)

200)

Comments and examples:

Majority of the NGO activities have been included in the National AIDS strategy. Many of these activities are not included in the national budget. There is no unified standard for of reporting.

Page 106

201)

a. developing the national M &E plan?

1 (1)

Page 107

202) **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)?

   4 (4)

203)

Comments and examples:

   Many NGOs were involved in formulation of the strategic framework.

Page 108

204)

a. adequate financial support to implement its HIV activities?

   4 (4)

205)

b. adequate technical support to implement its HIV activities?

   2 (2)

206)

Comments and examples:

   INGOs felt it was adequate but local NGOs felt not sufficient.

Page 109

207) **Part B, Section II. CIVIL SOCIETY PARTICIPATION**

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

Prevention for youth	51-75%
Prevention for most-at-risk-populations	
- Injecting drug users	>75%
- Men who have sex with men	
- Sex workers	>75%
Testing and Counselling	25-50%
Reduction of Stigma and Discrimination	51-75%
Clinical services (ART/OI)*	<25%
Home-based care	

Programmes for OVC**

Page 110

208)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

Question 7 (continued)
Overall, how would you rate the efforts to increase civil society participation in 2009?

  8 (8)

209)

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

Establishment of HACCA and Secretariat, establishment of HR, M&E surveillance and vulnerable populations

210)

What are remaining challenges in this area:

Involvement of IDUs and other MARPS Working with sex workers

Page 111

211)

Part B, Section III: PREVENTION

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

  Yes (0)

Page 112

212)

Part B, Section III: PREVENTION

Question 1 (continued)
IF YES, how were these specific needs determined?

  NA..

213)

1.1 To what extent has HIV prevention been implemented?

HIV prevention component	The majority of people in need have access
Blood safety	Don't agree
Universal precautions in health care settings	Don't agree

Prevention of mother-to-child transmission of HIV	N/A
IEC* on risk reduction	Don't 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	Don't agree
Risk reduction for men who have sex with men	Don't agree
Risk reduction for sex workers	
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	Don't agree
HIV prevention for out-of-school young people	Don't agree
HIV prevention in the workplace	N/A
Other: please specify	

Page 113

214)

Part B, Section III: PREVENTION

Question 1.1 (continued)
Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?

7 (7)

215)

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

In spite of initial delays contracts were issued to NGOs and prevention interventions are now in place. In prison settings while interventions have started due to policy restrictions, these are limited in nature i.e. NSP, condoms and OST programmes are set to start in prisons. The World Bank, GFATM and to a lesser extent the UN are main contributors to the response. The programme is primarily being implemented by the NGOs and one of the major achievements has been the partnership between the NACP and the civil society partners Progress has been made on several policy initiatives harm reduction policy and OST policy. NACP has several working groups including those on harm reduction and IEC

216)

What are remaining challenges in this area:

Capacity of NACP to manage and monitor the prevention programme is limited and needs to be built up. NGO staff capacity is limited and needs to be built. Information on MSM and concomitant programming is very limited. The gender aspect of the programme is weak. While prevention services are available in 8 provinces, the majority of the provinces are not yet covered. In addition, coverage of key populations will need to scaled up for e.g. of the estimated 19,000 IDUs in Afghanistan coverage with current programmes would be less than 20% by end of 2010.

Page 114

217)

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

218)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

Question 1 (continued)
IF YES, how were these specific needs determined?

Based on scarce epidemiological data, the NACP prioritised high risk groups, among which IDUs, sex workers, truckers, migrants and youth. MSM was also included

219)

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	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	Don't agree
TB screening for HIV-infected people	Don't agree
TB preventive therapy for HIV-infected people	Don't agree
TB infection control in HIV treatment and care facilities	Don't 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	

Page 116

220)

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?

4 (4)

221)

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

The first import of ART in the country, the opening of the first ART clinic, less than 50 PLWHA receiving first line treatment. Staff training in ART, establish national ART working group, essential drugs list

222)

What are remaining challenges in this area:

Reaching more patients in need of treatment (officially more than 500 PLWHIV and less than 50 receive treatment), reduce stigma about HIV/AIDS, decentralisation of access to treatment in provinces (in 2009 only Kabul and Heart city propose ART). Import of 2nd line treatment.

Page 117

223)

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)