

Survey Response Details

Response Information

Started: 3/23/2010 7:02:32 AM
Completed: 3/29/2010 4:15:29 AM
Last Edited: 4/19/2010 6:22:49 AM
Total Time: 5.21:12:57.2770000

User Information

Username: ce_BA
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Response Details

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1) Country

Bosnia and Herzegovina (0)

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

Dr. Serifa Godinjak, Head of Health Department, Ministry of Civil Affairs

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7) Date of submission:

Please enter in DD/MM/YYYY format

31/03/2010

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

The National Policy Index questionnaire PART A was completed by the HIV/AIDS Coordinator - FBiH. There was no official nomination of HIV/AIDS Coordinator to represent Republika Srpska Entity. The Part B of the NCPI questionnaire was received from 3 NGOs (one from RS and one from FBiH): INFO FPH and NGO AAA (RS). These inputs were necessary for the preparation of the

report.

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

There was no need for resolving disagreements at this point.

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

To be confirmed.

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

| | Organization | Names/Positions | Respondents to Part A [Indicate which parts each respondent was queried on] |
|--------------|----------------------------|---|--|
| Respondent 1 | Federal Ministry of Health | Dr. Zlatko Cardaklija - National HIV/AIDS Coordinator | A.I, A.II, A.III, A.IV, A.V |

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

| | Organization | Names/Positions | Respondents to Part B [Indicate which parts each respondent was queried on] |
|--------------|---------------------|-------------------------------|--|
| Respondent 1 | Action Against AIDS | Srdjan Kukolj, Office Manager | B.I, B.II, B.III, B.IV |

13)

| | Organization | Names/Positions | Respondents to Part B [Indicate which parts each respondent was queried on] |
|--------------|--|---------------------------------|--|
| Respondent 2 | Fondation PH Suisse - Partnerships in Health | Aida Kurtovic, Country Director | B.I, B.II, B.III, B.IV |
| Respondent 3 | | | |
| Respondent 4 | | | |
| Respondent 5 | | | |
| Respondent 6 | | | |
| Respondent 7 | | | |
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Page 5

14)

Part A, Section I: STRATEGIC PLAN**1. Has the country developed a national multisectoral strategy to respond to HIV?**

(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as the ones listed under 1.2)

Yes (0)**Page 7**15) **Part A, Section I: STRATEGIC PLAN****Question 1 (continued)**

Period covered:

2004-2009

16)

1.1 How long has the country had a multisectoral strategy?

Number of Years

5

17)

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

| | Included in strategy | Earmarked budget |
|-----------------|----------------------|------------------|
| Health | Yes | Yes |
| Education | Yes | Yes |
| Labour | No | No |
| Transportation | No | No |
| Military/Police | No | No |
| Women | Yes | Yes |
| Young people | Yes | Yes |
| Other* | | |

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18)

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?

Global Fund against HIV, Malaria and Tuberculosis (GFATM) grants which are being implemented cover partly Strategy of Youth Health, informal sector of education of young people. Swedish International Development Agency (SIDA) covers partly expenditure of education of uniformed people (Police, Military, Fireworkers) and Workplace safety.

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19)

Part A, Section I: STRATEGIC PLAN

1.3 Does the multisectoral strategy address the following target populations, settings and crosscutting issues?

| Target populations | |
|------------------------------|-----|
| a. Women and girls | Yes |
| b. Young women/young men | Yes |
| c. Injecting drug users | Yes |
| d. Men who have sex with men | Yes |
| e. Sex workers | Yes |

| | |
|--|-----|
| f. Orphans and other vulnerable children | No |
| g. Other specific vulnerable subpopulations* | Yes |
| Settings | |
| h. Workplace | No |
| i. Schools | Yes |
| j. Prisons | No |
| Cross-cutting issues | |
| k. HIV and poverty | Yes |
| l. Human rights protection | Yes |
| m. Involvement of people living with HIV | Yes |
| n. Addressing stigma and discrimination | Yes |
| o. Gender empowerment and/or gender equality | Yes |

20)

1.4 Were target populations identified through a needs assessment?

Yes (0)

Page 10

21)

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

Please enter the year in yyyy format

2007

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22)

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

IDU, MSM, CSW, Roma, mobile populations

23)

1.6 Does the multisectoral strategy include an operational plan?

No (0)

24)

1.7 Does the multisectoral strategy or operational plan include:

| | |
|---|-----|
| a. Formal programme goals? | Yes |
| b. Clear targets or milestones? | Yes |
| c. Detailed costs for each programmatic area? | Yes |

- d. An indication of funding sources to support programme? Yes
 e. A monitoring and evaluation framework? Yes

25)

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

Active involvement (0)

Page 12

26)

Part A, Section I: STRATEGIC PLAN

Question 1.8 (continued)

IF active involvement, briefly explain how this was organised:

Civil society was consulted for the development of the operational plans/action plans and suggestions and inputs were directly incorporated including the academic sector, private sector and specially NGO sector which actively developed action plans in the field of outreach, work of VCCT centers, education of youth and most at risk populations, harm reduction etc.

27)

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

Yes (0)

28)

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

Yes, some partners (0)

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29)

Part A, Section I: STRATEGIC PLAN

Question 1.10 (continued)

IF SOME or NO, briefly explain for which areas there is no alignment / harmonization and why

Yes, among which are UN Agencies, World Vision, Swedish International Development Agency SIDA, Canadian International Development Agency CIDA, Care International etc.

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30)

Part A, Section I: STRATEGIC PLAN

2. Has the country integrated HIV into its general development plans such as in: (a) National Development Plan; (b) Common Country Assessment / UN Development Assistance Framework; (c) Poverty Reduction Strategy; and (d) sector-wide approach?

Yes (0)

Page 15

31)

Part A, Section I: STRATEGIC PLAN

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

| | |
|--|-----|
| a. National Development Plan | Yes |
| b. Common Country Assessment / UN Development Assistance Framework | Yes |
| c. Poverty Reduction Strategy | Yes |
| d. Sector-wide approach | Yes |
| e. Other: 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) | No |
| 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) | Yes |
| Other: Please specify | |

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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)?

No (0)

Page 19

35)

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

Yes (0)

Page 20

36)

Part A, Section I: STRATEGIC PLAN

5.1 IF YES, for which subpopulations?

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

37)

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

ART has been provided to all eligible. No cost VCCT is available at 20 centers throughout Bosnia and Herzegovina. Child friendly approach services are established at 13 primary health care centers additional 6 are being planned in 2010 and 2011, with active participation of health and NGO sectors. The strategy for prevention of narcotics abuse has been developed, which provides basis for further introduction of harm reduction programs as well as introduction of these programs in prisons There are 5 centers for medical treatment of IDUs (methadone) and 2 are planned to be established in 2010, as well as 5 hospital detoxification program units.

38)

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

The laws are being successfully implemented with the support of GFATM and other donors. The same applies to the treatment and other VCCT services, which are mainly financed by the government, as well as part of the harm reduction programs. The main problems are caused by stigma and discrimination, which takes time to reverse.

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39)

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

40)

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

41)

Part A, Section I: STRATEGIC PLAN

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

Yes (0)

42)

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

Yes (0)

Page 25

43)

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)

44)

7.4 Is HIV programme coverage being monitored?

Yes (0)

Page 26

45)

Part A, Section I: STRATEGIC PLAN**Question 7.4 (continued)****(a) IF YES, is coverage monitored by sex (male, female)?**

Yes (0)

46)

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

Yes (0)

Page 27

47)

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

IDU, MSM, partly FSW, Roma, partly mobile population

48)

Briefly explain how this information is used:

Information are being used for population estimates and needs assesment, development planning of certain services according to specific populations needs.

Page 2849) **Part A, Section I: STRATEGIC PLAN****Question 7.4 (continued)****(c) Is coverage monitored by geographical area?**

Yes (0)

Page 29

50)

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

In Bosnia and Herzegovina health system is divided. The state level is in charge of coordination. At the entity level, Federation of BiH in health and education is divided between cantons (regions) with high degree of decentralisation. Republika Srpska has centralised system. Coverage is being monitored at the canton level, while the municipality level is still relatively low.

51)

Briefly explain how this information is used:

For development and planning of future services according to demographic fact, age, gender etc.

52)

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

No (0)

Page 30

53)

Part A, Section I: STRATEGIC PLAN

Question 7.5 (continued)

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

9 (9)

54)

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

Development of laws, legal acts, policy and strategies. Spread of VCCT centers coverage. Establishment of Agency for medical drugs at the state level. Capacity building in harm reduction programs. Strengthening and spread of education programs for health workers, at primary and secondary prevention levels. Educational programs and strengthening of centers for mental health in communities as the basis for psychosocial support to PLHIV and their families. Development of programs and education for uniformed services. Programs for work safety, Introduction and networking of YFS. Advanced work with MARP. Strengthening of intersectoral cooperation etc.

55)

What are remaining challenges in this area:

Lack of services for specific MARP (MSM and CSW). Advancement of awareness raising and destigmatisation of sexual preferences. Further advancement on decrease of stigma and discrimination of PLHIV and members of their families. Introduction of new ART medicine on government lists. Include medicine for treatment of opportunistic infections (which are not covered by Public health insurance institutes). Introduction of additional testing in VCCT centers (HBV, HCV, HPV, chlamidia, herpes simplex 2).

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56)

Part A, Section II: POLITICAL SUPPORT

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

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

57)

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

Yes (0)

Page 32

58)

2.1 IF YES, when was it created?

Please enter the year in yyyy format

2002

59)

2.2 IF YES, who is the Chair?

| | |
|----------------|---|
| Name | Senad Sepic |
| Position/title | Assistant Minister, Ministry of civil affairs |

60)

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

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

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61)

Part A, Section II: POLITICAL SUPPORT**Question 2.3 (continued)**

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

Please enter an integer greater than or equal to 1

10

62)

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

Please enter an integer greater than or equal to 1

3

Page 34

63)

Part A, Section II: POLITICAL SUPPORT

3. Does the country have a mechanism to promote interaction between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?

Yes (0)

Page 35

64)

Part A, Section II: POLITICAL SUPPORT**Question 3 (continued)**

IF YES, briefly describe the main achievements:

Successfull monitoring and evaluation of implementation of GFATM R5 HIV/AIDS project.
Successfull development of a proposal for GFATM R9 grant which is approved and scheduled to start implementation in 2010.

65)

Briefly describe the main challenges:

Issues on CCM structure.

66)

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

Please enter the rounded percentage (0-100)

70

67)

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

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

68)

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

No (0)

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69)

Part A, Section II: POLITICAL SUPPORT

Question 6.1 (continued)

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

6 (6)

Page 39

70)

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

71)

Part A, Section III: PREVENTION

1.1 IF YES, what key messages are explicitly promoted?

Check for key message explicitly promoted (multiple options allowed)

- b. Delay sexual debut (0)
- c. Be faithful (0)
- d. Reduce the number of sexual partners (0)
- e. Use condoms consistently (0)
- f. Engage in safe(r) sex (0)
- h. Abstain from injecting drugs (0)
- i. Use clean needles and syringes (0)
- j. Fight against violence against women (0)
- k. Greater acceptance and involvement of people living with HIV (0)
- n. Know your HIV status (0)
- o. Prevent mother-to-child transmission of HIV (0)

72)

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

73)

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?

No (0)

74)

2.1 Is HIV education part of the curriculum in:

| | |
|--------------------|----|
| primary schools? | No |
| secondary schools? | No |
| teacher training? | No |

75)

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

No (0)

76)

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

No (0)

77)

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

78)

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

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

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

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79) **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".

Roma and mobile populations.

Page 44

80)

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)

81)

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

Strategy for youth health in FBiH and RS. Developed draft Strategy on sexual and reproductive health in FBiH and RS Strategy for prevention of narcotics abuse . Law on medical drugs. Decision on basic package of health rights. Law changes on health insurance in FBiH (which enables health protection for all children attending regular schools)

Page 45

82)

Part A, III. PREVENTION

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

No (0)

Page 46

83)

IF NO, how are HIV prevention programmes being scaled-up?

Education in formal and informal education sector Awareness raising. Working with MARP.

84)

4.1 To what extent has HIV prevention been implemented?

The majority of people in need have access

| HIV prevention component | |
|---|-------|
| Blood safety | Agree |
| Universal precautions in health care settings | Agree |
| Prevention of mother-to-child transmission of HIV | Agree |
| IEC* on risk reduction | Agree |
| IEC* on stigma and discrimination reduction | Agree |
| Condom promotion | Agree |
| HIV testing and counselling | Agree |
| Harm reduction for injecting drug users | Agree |
| Risk reduction for men who have sex with men | N/A |
| Risk reduction for sex workers | N/A |

| | |
|---|-------|
| Reproductive health services including sexually transmitted infections prevention and treatment | N/A |
| School-based HIV education for young people | N/A |
| HIV prevention for out-of-school young people | Agree |
| HIV prevention in the workplace | N/A |
| Other: please specify | |

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85)

Part A, III. PREVENTION

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

6 (6)

86)

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

Spread of network of centers for medical IDU treatment, centers for detoxification. Establishment of first drop-in centers for MSM population. Financing of these centers by some cantons/regions (ie. Canton Sarajevo is financing methadone program and therapeutic commune, other cantons and regions are financing these centers only partly).

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87)

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)

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88)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1.1 IF YES, does it address barriers for women?

Yes (0)

89)

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

Yes (0)

90)

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

Yes (0)

Page 50

91)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 2 (continued)

IF YES, how were these determined?

Having in mind low number of cases, in FBiH treatment is provided in 3 clinical centers: Mostar, Sarajevo, Tuzla, and in RS: Banja Luka

92)

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 | Don't 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) | Agree |
| HIV treatment services in the workplace or treatment referral systems through the workplace | Don't agree |
| HIV care and support in the workplace (including alternative working arrangements) | Agree |
| Other: please specify | |

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93)

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)

94)

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

95)

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?

6 (6)

Page 54

96)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

N/A (0)

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97)

Part A, Section V: MONITORING AND EVALUATION

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

Yes (0)

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98)

1.1 IF YES, years covered:

Please enter the start year in yyyy format below

2006

99)

1.1 IF YES, years covered:

Please enter the end year in yyyy format below

- 2011
- 100) **1.2 IF YES, was the M&E plan endorsed by key partners in M&E?**
- Yes (0)
- 101) **1.3 IF YES, was the M&E plan developed in consultation with civil society, including people living with HIV?**
- Yes (0)
- 102) **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)

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103)

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 | No |

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104)

Part A, Section V: MONITORING AND EVALUATION

Question 2 (continued)

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

| | |
|------------------------------|-----|
| routine programme monitoring | Yes |
| behavioural surveys | Yes |

| | |
|-------------------------------|-----|
| HIV surveillance | Yes |
| Evaluation / research studies | Yes |

105)

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

No (0)

Page 64

106)

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

No (0)

Page 65

107)

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

Defined sets of indicators, GFATM, ECDC, WHO. Preparation for introduction of Pompidu form in official reporting.

108)

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

Yes (0)

Page 66

109)

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 |
| GFATM R5 Project Management Unit | Yes |

110) Number of permanent staff:

Please enter an integer greater than or equal to 0

6

111) Number of temporary staff:

Please enter an integer greater than or equal to 0

0

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112)

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 | Federal HIV/AIDS Coordinator | Full time | 2003 |
| Permanent staff 2 | RS HIV.AIDS Coordinator | Full time | 2010 |
| Permanent staff 3 | GFATMR5 M&E coordinator | Part time | 2006 |
| Permanent staff 4 | GFATM R5 M&E coordinator | Part time | 2006 |
| Permanent staff 5 | GFATMR5 M&E coordinator | Part time | 2006 |
| Permanent staff 6 | GFATM R5 M&E coordinator | Part time | 2006 |
| 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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113)

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 69114) **Part A, Section V: MONITORING AND EVALUATION****Question 5.3 (continued)****IF YES, briefly describe the data-sharing mechanisms:**

All data collected at the state level is distributed at the entity level (to Public health institutes) and in FBiH to cantonal coordinators. All data collected through GFATM PMU are published in quarterly and yearly reports.

115)

What are the major challenges?

In reporting of SPI – Non existence of strategy and developed mechanism for reporting , especially in private sector, resulting in lower reported cases. MSM population is very stigmatised. SW is illegal (although decriminalised by legislation), making this population hard to reach. Non existence of laboratory reporting system

Page 70

116)

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)

117)

6.1 Does it include representation from civil society?

No (0)

Page 71

118)

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

Yes (0)

Page 72

119)

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

Yes for HIV reporting, no for MARP

120)

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

No, none of the above (0)

Page 73

121)

7.3 Is there a functional* Health Information System?

At national level Yes
At subnational level Yes

Page 74**122) 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)?

Health information system is being developed – Institutes for public health at the entity level are collecting and analysing data and distributing to lower levels.

123)

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

Yes (0)

124)

9. To what extent are M&E data used

9.1 in developing / revising the national AIDS strategy?:

0

125)

What are the main challenges, if any?

This is not possible due to M&E system not being established at the time of development of the 2005-2009 Strategy. At the moment, there is data which will be used for development of Strategy 2010-2014

Page 75**126) Part A, Section V: MONITORING AND EVALUATION**

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

4 (4)

127)

Provide a specific example:

For treatment, counselling and testing.

Page 76

128)

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

4 (4)

129)

Provide a specific example:

For treatment, counselling and testing.

Page 77130) **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 78131) **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)

132)

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 79133) **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

1

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

Please enter an integer greater than 0

1

Page 80

135)

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

Yes (0)

Page 81136) **Part A, Section V: MONITORING AND EVALUATION****Question 10.2 (continued)****IF YES, describe what types of activities:**

Currently the program of establishing functional M&E system is being developed in both Entities, with assistance from the World Bank.

Page 82137) **Part A, Section V: MONITORING AND EVALUATION****Question 10.2 (continued)****Overall, how would you rate the M&E efforts of the HIV programme in 2009?**

8 (8)

138)

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

GFATM PMU M&E system established, which could be used as example form for other health sector M&E systems

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139)

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

140)

Part B, Section I. HUMAN RIGHTS**1.1 IF YES, specify if HIV is specifically mentioned and how or if this is a general nondiscrimination provision:**

1. The Constitution of Bosnia and Herzegovina (BiH) forbids any form of discrimination and defines right to health and social protection. 2. BiH has signed European convention which in Article 14 forbids discrimination at any basis. 3. State law on discrimination exists as well.

141)

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

142)

Part B, Section I. HUMAN RIGHTS**2.1 IF YES, for which subpopulations?**

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

143)

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

In FBiH and RS there are Gender Centers with Gender Agency at the state level which are responsible for gender equality. At the state level, the Ombudsmen for human rights office has been established which is also relevant for reporting of cases of discrimination.

144)

Briefly describe the content of these laws:

These laws regulate rights and obligations of vulnerable populations which enable them to be equal

in many aspects of life (employment, education, health and social protection etc.)

145)

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

Although recently many laws have been adopted, the implementation of these laws has been poor.

Page 86

146)

Part B, Section I. HUMAN RIGHTS

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

No (0)

Page 88

147) **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

148)

Part B, Section I. HUMAN RIGHTS

Question 4 (continued)

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

Strategy to fight HIV/AIDS in BiH (2004-2009) explicitly deals with protection of human rights. Strategic objective 3 is solely dedicated to protection of human rights and the title is „Establishment of legal framework for protection of human rights and ethical principles for PLHIV“. Also, they are mentioned in declarations, strategies and other documents signed by BiH, making it obligatory. Usually it is the corpus of human rights which guarantees decent life and work of individuals and groups, forbid discrimination and promote equality in approaches to certain rights and obligations.

149)

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

Yes (0)

Page 90

150)

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

Office of Ombudsmen for human rights at the state level - although there is no special department which deals with HIV cases, PLHIV can report human rights violations to this Office; also, associations of PLHIV which deal with these issues.

151)

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

Yes (0)

Page 91

152)

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

Country Coordinating Mechanism for fight against HIV/AIDS (CCM) in its composition has representatives of PLHIV and TB, as well as representatives of some of the other MARP (Roma and IDU). However, the quality of their involvement is to be discussed.

153)

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

154)

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:

VCCT and HIV treatment are provided at no cost. These are available at VCT centers and clinics for infectious diseases in Sarajevo, Tuzla and Banja Luka. Clinic for infectious diseases in Mostar is included in programs, equipped and staff trained, but at the moment is not providing full PLHIV treatment. Prevention activities are implemented through GFATM and SIDA supported programs. However, their sustainability remains to be seen.

155)

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

156)

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)

157)

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

158)

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

IF YES, briefly describe the content of this policy:

Strategy for prevention of narcotics abuse, Policy and youth health, Strategy to fight HIV/AIDS, VCT Protocol, and other document whis secure availability of services. These services are also available on the basis of right to health protection

159)

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

160)

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:

NGO field activities with MARP and VCT centers established in the last two years.

161)

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

Yes (0)

162)

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

Yes (0)

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163)

Part B, Section I. HUMAN RIGHTS

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

No (0)

Page 97

164)

– 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)

165)

– 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)

166)

– Performance indicators or benchmarks for compliance with human rights standards in

the context of HIV efforts

No (0)

Page 98

167)

Part B, Section I. HUMAN RIGHTS**Question 12 (continued)****IF YES on any of the above questions, describe some examples:**

Human rights violations can be reported to Office of Ombudsmen for human rights for all violations of human rights based on HIV status. National coordinators for HIV/AIDS in Entity Ministries – they oversee service development, legislation development in the field of HIV/AIDS, keep regular communication with relevant stakeholders, advocate for human rights and decrease of discrimination of PLHIV at all levels. CCM – Country Coordinating Mechanism which oversees quality of implementation of GFATM projects.

Page 99

168)

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)

169)

– **Legal aid systems for HIV casework**

No (0)

170)

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

No (0)

171)

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

Yes (0)

172)

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

Yes (0)

Page 100

173)

Part B, Section I. HUMAN RIGHTS**Question 15 (continued)****IF YES, what types of programmes?**

| | |
|--------------------------------------|-----|
| Media | Yes |
| School education | Yes |
| Personalities regularly speaking out | Yes |
| Other: please specify | |

Page 101

174)

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?**

3 (3)

175)

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

Successfull evaluation of phase 1 of GFATM Round 5 HIV project and approval for the start of implementation of phase 2.

176)

What are remaining challenges in this area:

Sensitising judiciary institutions in the field of HIV/AIDS and adoption of more specific legislation.

Page 102

177)

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?**

4 (4)

Page 103

178)

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?

4 (4)

179)

Comments and examples:

Civil society is more oriented to work with specific (vulnerable) populations and health workers. Through CCM, there is an opportunity to voice opinions and try to act politically, but the greatest amount of this work is being done with relevant Ministries of health.

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180)

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)

181)

Comments and examples:

Civil society is included in the development of strategic documents, but not in the development of budgets. The Strategy (2004-2009) did not include the budget. Only existing budget is of National Advisory Board for fight against HIV/AIDS (NAB) which was rarely used.

Page 105

182)

a. the national AIDS strategy?

4 (4)

183)

b. the national AIDS budget?

2 (2)

184)

c. national AIDS reports?

4 (4)

Page 106

185)

a. developing the national M&E plan?

3 (3)

186)

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

4 (4)

187)

c. M&E efforts at local level?

3 (3)

Page 107188) **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)

Page 108

189)

a. adequate financial support to implement its HIV activities?

3 (3)

190)

b. adequate technical support to implement its HIV activities?

3 (3)

Page 109191) **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 | 51-75% |
| - Men who have sex with men | >75% |
| - Sex workers | >75% |
| Testing and Counselling | 25-50% |
| Reduction of Stigma and Discrimination | 51-75% |
| Clinical services (ART/OI)* | <25% |
| Home-based care | <25% |
| Programmes for OVC** | <25% |

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192)

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)

193)

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

Civil sector is included, but the main problem is that civil sector is mostly included in programmes funded by international donors. Budgetary contribution of the government to NGO sector is fairly modest. Through analysis of the current situation, the question is if the NGO sector would be included at all if it wasn't the prerequisite of the international donors. Civil sector is accepted by the government institutions as an equal partner

194)

What are remaining challenges in this area:

Harmonising the opinion of NGO sector, decrease in NGO competition and working for the benefit of target populations.

Page 111

195)

Part B, Section III: PREVENTION**1. Has the country identified the specific needs for HIV prevention programmes?**

Yes (0)

Page 112

196)

Part B, Section III: PREVENTION

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

Through consultations of civil and government sectors, situation analysis, previous experience etc. Based on the results of research of several NGOs in this field and monitoring of certain international indicators for this field.

197)

1.1 To what extent has HIV prevention been implemented?

| | The majority of people in need have access |
|---|---|
| HIV prevention component | |
| Blood safety | Agree |
| Universal precautions in health care settings | Agree |
| Prevention of mother-to-child transmission of HIV | Agree |
| IEC* on risk reduction | Agree |
| IEC* on stigma and discrimination reduction | Agree |
| Condom promotion | Agree |
| HIV testing and counselling | Agree |
| Harm reduction for injecting drug users | Agree |
| Risk reduction for men who have sex with men | Agree |
| Risk reduction for sex workers | Agree |
| Reproductive health services including sexually transmitted infections prevention and treatment | Agree |
| School-based HIV education for young people | Agree |
| HIV prevention for out-of-school young people | N/A |
| HIV prevention in the workplace | N/A |
| Other: please specify | |

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198)

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)

199)

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

Avalability and quality of different prevention programs is increased. The number of VCR centers is greatly increased. Health workers were provided with opportunity to improve and advance their knowledge on HIV/AIDS. Specialists from Clinics for infectious diseases had numerous opportunities to exchange experience and improve knowledge in new trends of PLHIV treatment. Workj protection programs have been started for military and police staff.

200)

What are remaining challenges in this area:

Blood safety, advancement of protection of social rights. Stigma and discrimination remain as main challenges that need to be addressed.

Page 114

201)

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

202)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

Question 1 (continued)

IF YES, how were these specific needs determined?

Areas where clinics for infectious diseases are located are Sarajevo, Tuzla, Banjaluka and Mostar.

203)

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

| | The majority of people in need have access |
|---|--|
| HIV treatment, care and support service | |
| Antiretroviral therapy | Agree |
| Nutritional care | Agree |
| Paediatric AIDS treatment | N/A |
| Sexually transmitted infection management | Don't agree |
| Psychosocial support for people living with HIV and their families | Agree |
| Home-based care | N/A |
| 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 | Agree |
| Cotrimoxazole prophylaxis in HIV-infected people | N/A |
| Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape) | Agree |
| HIV treatment services in the workplace or treatment referral systems | |

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

204)

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)

Page 117

205)

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)