

Survey Response Details

Response Information

Started: 3/9/2010 9:52:20 AM
Completed: 3/15/2010 10:06:02 AM
Last Edited: 3/15/2010 10:35:57 AM
Total Time: 6.00:13:41.9160000

User Information

Username: ce_SZ
Email:

Response Details

Page 1

- 1) **Country**
Swaziland (0)
- 2) **Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:**
Lucas Jele
- 3) **Postal address:**
P.O. Box 1937, Mbabane Swaziland
- 4) **Telephone:**
Please include country code
+268 4041720
- 5) **Fax:**
Please include country code
+ 268 404 1692
- 6) **E-mail:**
lucas@nercha.org.sz
- 7) **Date of submission:**
Please enter in DD/MM/YYYY format
08/03/2010

Page 3

- 8) **Describe the process used for NCPI data gathering and validation:**
PART A of the NCPI tool was administered to policy makers and focal persons at NERCHA, Ministry of Health, Public Sector HIV and AIDS coordinating committee. PART B of the NCPI tool was administered to civil society organisations which include people living with HIV, the UN organisations, the USG, AMICAALL, FLAS, WLSA and CANGO. The scores are entered into the

NCPI score sheet as averages. The validation process include the review of the responses at a national stakeholders's workshop. Differencies in scores between part A and B are not reconciled, but rather more discussions are documented that clarify the underlying reasons for the scores given.

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

The facilitators allow all participants to explain their reasons why the scores that are given

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

At first there is reluctance to participate in the survey by the key informants, however when the process continues and is further explained participants become willing to participate. The difficulty that their opinions become representative of the overall sector where they come from and they need to put a scoring of their view which mostly they are not comfortable to do.

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	NERCHA Dr Derek von Wissel	A.I, A.II, A.III, A.IV, A.V

12)

Organization Names/Positions		Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 2	PSHACC R. Phungwayo	A.I, A.II
Respondent 3		
Respondent 4		
Respondent 5		
Respondent 6		
Respondent 7		
Respondent 8		
Respondent 9		
Respondent 10		
Respondent 11		
Respondent 12		
Respondent 13		
Respondent 14		
Respondent 15		
Respondent 16		
Respondent 17		
Respondent 18		
Respondent 19		
Respondent 20		

Respondent 21
 Respondent 22
 Respondent 23
 Respondent 24
 Respondent 25

13)

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

Organization Names/Positions			Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 1	UNAIDS	Dr Sophia Country Rep	B.I, B.II, B.III, B.IV

14)

Organization Names/Positions			Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 2	AMICAALL	R. Maziya	B.I, B.II, B.III, B.IV
Respondent 3	CANGO	E. Ndlangamandla	B.I, B. II, B. III, B. IV
Respondent 4	FLAS	D. Simelane	B.I, B.II, B.III, B.IV
Respondent 5	SWANNEPHA	Thembi Nkambule	B.I, B. II, B. III, B. IV
Respondent 6	WLSA	Lomcebo Dlamini	B.I, B.II, B.III, B.IV
Respondent 7	PEPFAR	George Bicego	B.I, B. II, B. III, B. IV
Respondent 8			
Respondent 9			
Respondent 10			
Respondent 11			
Respondent 12			
Respondent 13			
Respondent 14			
Respondent 15			
Respondent 16			
Respondent 17			
Respondent 18			
Respondent 19			
Respondent 20			
Respondent 21			
Respondent 22			
Respondent 23			
Respondent 24			
Respondent 25			

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:

2009 -2014

17)

1.1 How long has the country had a multisectoral strategy?

Number of Years

10

18)

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

	Included in strategy	Earmarked budget
Health	Yes	Yes
Education	Yes	Yes
Labour	Yes	Yes
Transportation		
Military/Police	Yes	Yes
Women	Yes	Yes
Young people	Yes	Yes
Other*	Yes	Yes

Page 8

19) Part A, Section I: STRATEGIC PLAN

Question 1.2 (continued)

If "Other" sectors are included, please specify:

Agriculture, Ministry of Tinkhundla Administration

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

21)

1.4 Were target populations identified through a needs assessment?

Yes (0)

Page 10

22)

Part A, Section I: STRATEGIC PLAN

Question 1.4 (continued)

IF YES, when was this needs assessment conducted?

Please enter the year in yyyy format

2007

Page 11

23)

Part A, Section I: STRATEGIC PLAN

1.5 What are the identified target populations for HIV programmes in the country?

Youth Women Men Sex workers Prisoners The general Population Orphans and Vulnerable children Elderly

24)

1.6 Does the multisectoral strategy include an operational plan?

Yes (0)

25)

1.7 Does the multisectoral strategy or operational plan include:

a. Formal programme goals?	Yes
b. Clear targets or milestones?	Yes
c. Detailed costs for each programmatic area?	Yes
d. An indication of funding sources to support programme?	Yes
e. A monitoring and evaluation framework?	Yes

26)

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

Active involvement (0)

Page 12

27)

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

Stakeholders were invited to participate in national thematic working groups for several weeks guided by consultants and the NERCHA and UNAIDS team. A similar process took place in the regions. The deliberations and outcomes of these discussions were presented in a national stakeholder forum and discussed at length.

28)

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

Yes (0)

29)

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

Yes, all partners (0)

Page 14

30)

Part A, Section I: STRATEGIC PLAN

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

Yes (0)

Page 15

31)

Part A, Section I: STRATEGIC PLAN

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

a. National Development Plan	Yes
b. Common Country Assessment / UN Development Assistance Framework	Yes
c. Poverty Reduction Strategy	Yes
d. Sector-wide approach	Yes
e. Other: 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)	Yes
Other: Please specify	

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?

Yes (0)

Page 17

34)

Part A, Section I: STRATEGIC PLAN**3.1 IF YES, to what extent has it informed resource allocation decisions?**

4 (4)

35)

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

36)

Part A, Section I: STRATEGIC PLAN**4.1 IF YES, which of the following programmes have been implemented beyond the pilot stage to reach a significant proportion of the uniformed services?**

Behavioural change communication	Yes
Condom provision	Yes
HIV testing and counselling	Yes
Sexually transmitted infection services	Yes
Antiretroviral treatment	Yes
Care and support	Yes
Other: Please specify	

Page 19

37)

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):**

HIV testing is voluntary

38)

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

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 and future needs (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?**

Children and adults (male and female) in all regions

48)

Briefly explain how this information is used:

For programme planning, resource allocation, distribution of services and forecasting supplies and drugs

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)?****At health facility level which can then be deduced to regional level**

51)

Briefly explain how this information is used:

For programme planning, resource allocation, equitable distribution of services including decentralisation and quality improvement

52)

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

Yes (0)

Page 30

53)

Part A, Section I: STRATEGIC PLAN**Question 7.5 (continued)**

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

6 (6)

54)

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

Yes, the strategy covers all sectors

55)

What are remaining challenges in this area:

Implementation and resources are still a challenge Budget is donor driven There is no specific budget for the strategy, thus some parts are not implemented

Page 31

56)

Part A, Section II: POLITICAL SUPPORT

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

President/Head of government	Yes
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

2001

59)

2.2 IF YES, who is the Chair?

Name	Ndabankulu Simelane
Position/title	Chairperson

60)

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

have terms of reference?	Yes
have active government leadership and participation?	Yes
have a defined membership?	Yes
include civil society representatives?	Yes
include people living with HIV?	Yes
include the private sector?	Yes
have an action plan?	Yes
have a functional Secretariat?	Yes
meet at least quarterly?	Yes
review actions on policy decisions regularly?	Yes
actively promote policy decisions?	Yes
provide opportunity for civil society to influence decision-making?	Yes
strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?	Yes

Page 33

61)

Part A, Section II: POLITICAL SUPPORT

Question 2.3 (continued)

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

Please enter an integer greater than or equal to 1

18

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

14

63)

If you answer "yes" to the question "does the National multisectoral AIDS coordination body include people living with HIV", how many?

Please enter an integer greater than or equal to 1

1

Page 34

64)

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

65)

Part A, Section II: POLITICAL SUPPORT

Question 3 (continued)

IF YES, briefly describe the main achievements:

Partnership forums - AIDS quartely meetings

66)

Briefly describe the main challenges:

Coordination Alignment of programmes Duplication Resource mobilisation

67)

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

Information on priority needs	Yes
Technical guidance	Yes
Procurement and distribution of drugs or other supplies	Yes
Coordination with other implementing partners	Yes
Capacity-building	Yes
Other: Please specify	

68)

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

Yes (0)

Page 36

69)

Part A, Section II: POLITICAL SUPPORT

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

Yes (0)

Page 37

70)

Part A, Section II: POLITICAL SUPPORT

Question 6.1 (continued)

IF YES, name and describe how the policies / laws were amended:

on going

71)

Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies:

Being amended

Page 38

72)

Part A, Section II: POLITICAL SUPPORT

Question 6.1 (continued)

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

7 (7)

73)

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

Increased allocation on budget Prioritising of the health sector

74)

What are remaining challenges in this area:

creating commitment in traditional leadership

Page 39

75)

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

76)

Part A, Section III: PREVENTION

1.1 IF YES, what key messages are explicitly promoted?

Check for key message explicitly promoted (multiple options allowed)

- a. Be sexually abstinent (0)
- b. Delay sexual debut (0)
- c. Be faithful (0)
- d. Reduce the number of sexual partners (0)
- e. Use condoms consistently (0)
- f. Engage in safe(r) sex (0)
- g. Avoid commercial sex (0)
- h. Abstain from injecting drugs (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)

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?	Yes
secondary schools?	Yes
teacher training?	Yes

80)

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

Yes (0)

81)

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

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

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".

Migrant workers

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?

8 (8)

86)

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

multimedia compaigns community interventions peer education

87)

What are remaining challenges in this area:

Behaviour change Behaviour dynamics

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?**

good information reduction of multiple partners PMTC male circumcision

90)

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	Don't agree
Risk reduction for men who have sex with men	Don't agree
Risk reduction for sex workers	Agree
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	Agree
HIV prevention in the workplace	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?**

7 (7)

92)

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

strategy created campaigns through media community campaigns

Page 48

93)

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

94)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1.1 IF YES, does it address barriers for women?

Yes (0)

95)

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

Yes (0)

96)

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

Yes (0)

Page 50

97)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 2 (continued)

IF YES, how were these determined?

By forecasting drug need By estimating people in need of treatment, care and support services By conducting service availability mapping Through decentralisation

98)

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

The majority of people in need
have access

HIV treatment, care and support service

Antiretroviral therapy	Agree
Nutritional care	Agree
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Agree
Home-based care	Agree
Palliative care and treatment of common HIV-related infections	Agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	Agree
TB infection control in HIV treatment and care facilities	Don't 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	Agree
HIV care and support in the workplace (including alternative working arrangements)	Agree
Other: please specify	

Page 51

99)

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)

100)

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

101)

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?

8 (8)

102)

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

increase in the people who need treatment

103)

What are remaining challenges in this area:

health infrastructure human resource access due to distance and poverty

Page 54

104)

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?**

Yes (0)

Page 55

105)

Part A, Section IV: TREATMENT, CARE AND SUPPORT**5.1 IF YES, is there an operational definition for orphans and vulnerable children in the country?**

Yes (0)

106)

5.2 IF YES, does the country have a national action plan specifically for orphans and vulnerable children?

Yes (0)

107)

5.3 IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?

Yes (0)

Page 56

108)

Overall, how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2009?

7 (7)

109)

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

100% are in school neighborhood care points

110)

What are remaining challenges in this area:

resource constraints poverty of OVCs

Page 57

111)

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

Yes (0)

Page 58

112)

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

2005

113)

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

2009

114)

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

Yes (0)

115)

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

Yes (0)

116)

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

Yes, all partners (0)

Page 60

117)

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

Page 61

118)

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

119)

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

Yes (0)

Page 62

120)

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".

7

121)

3.2 IF YES, has full funding been secured?

Yes (0)

122)

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

Yes (0)

Page 64

123)

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

Yes (0)

Page 65

124)

Part A, Section V: MONITORING AND EVALUATION

Question 4 (continued)

IF YES, briefly describe how often a national M&E assessment is conducted and what the assessment involves:

joint review of the entire response is done in year 3 of the five years

125)

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

Yes (0)

Page 66

126)

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

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

127) **Number of permanent staff:**

Please enter an integer greater than or equal to 0

4

128) **Number of temporary staff:**

Please enter an integer greater than or equal to 0

0

Page 67

129)

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	M & E coordinator	Full time	2009
Permanent staff 2	SHAPMOS manager	Full time	2009
Permanent staff 3	SHAPMOS officer 1	Full time	2009
Permanent staff 4	SHAPMOS officer 2	Full time	2009
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

130)

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

131)

Part A, Section V: MONITORING AND EVALUATION

Question 5.3 (continued)

IF YES, briefly describe the data-sharing mechanisms:

SHAPMOS

132)

What are the major challenges?

Reporting level is low. On average it is 52%

Page 70

133)

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, meets regularly (0)

134)

6.1 Does it include representation from civil society?

Yes (0)

Page 71

135)

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:

Coordinating Assembly of NGOs Swaziland National Network of People Living with HIV Swaziland AIDS Support Organsation

136)

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

Yes (0)

Page 72

137)

Part A, Section V: MONITORING AND EVALUATION

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

NERCHA IT - CRIS database

138)

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, all of the above (0)

Page 73

139)

7.3 Is there a functional* Health Information System?

At national level Yes
At subnational level Yes

Page 74**140) 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)?

Regional and facility level

141)

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

Yes (0)

142)

9. To what extent are M&E data used

9.1 in developing / revising the national AIDS strategy?:

3 (3)

143)

Provide a specific example:

In reviewing targets

Page 75**144) Part A, Section V: MONITORING AND EVALUATION**

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

4 (4)

145)

Provide a specific example:

The national strategic plan and road map include costed activities for which funding is sourced using those tools who in turn are guided by M & E information products

Page 76

146)

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

4 (4)

147)

Provide a specific example:

M & E has allowed the country to know the: drivers of the epidemic the success of programmes service coverage Now more than before the detail research needs for the country can be articulated

148)

What are the main challenges, if any?

demand for information products is still low

Page 77149) **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, at all levels (0)

Page 78

150)

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 79151) **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

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

Please enter an integer greater than 0

11451

Page 80

153)

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

Yes (0)

Page 81154) **Part A, Section V: MONITORING AND EVALUATION****Question 10.2 (continued)****IF YES, describe what types of activities:**

Participation on the review of National Strategic Plan 2006 -2008

Page 82155) **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?**

6 (6)

156)

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

design of the M & E with the new strategic framework

157)

What are remaining challenges in this area:

resources required by partners and stakeholders to provide effective services Reporting is not on time

Page 83

158)

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.)

No (0)

Page 84

159)

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

No (0)

Page 86

160)

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

161)

Part B, Section I. HUMAN RIGHTS

3.1 IF YES, for which subpopulations?

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

162)

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

criminalisation of sex work, injecting drug users and men having sex with men sub populations

163)

Briefly comment on how they pose barriers:

the criminalisation keeps these groups under ground and there are no services targeting their needs

Page 88**164) 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

165)

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

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

The national policies state how services and interventions will be implemented; they address people living with HIV, gender and equality, women and children Discrimination against HIV infected persons is discouraged Compulsory HIV testing prior to employment is discouraged

166)

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

167)

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

168)

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

IF YES, describe some examples:

Involvement at: Planning stages Budgeting stages

169)

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

170)

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:

The country is providing free services in public health facilities (Condoms, PMTCT, male circumcision) ART is free In public facilities payment for opportunistic infections is minimal (though sometimes patients have to buy medication if not available) In private clients only pay for consultation and get free ARV VCT services are widely available Doctors are trained to offer ARV treatment Support to NGOs to provide services

171)

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

172)

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)

173)

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

174)

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

the policies are not discriminating, they are apply to all citizens

175)

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

176)

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:**

Policies in the country are not discriminating

177)

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

Yes (0)

178)

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

179)

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)

180)

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

The committee has set meeting dates Project proposals are submitted and reviewed Committee communicates the outcome of the application

Page 97

181)

– 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)

182)

– 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)

183)

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

No (0)

Page 99

184)

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)

185)

– Legal aid systems for HIV casework

No (0)

186)

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

No (0)

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

Yes (0)

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

Yes (0)

Page 100

189) **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

190) **Part B, Section I. HUMAN RIGHTS**

Question 15 (continued)
Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2009?

4 (4)

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

Development of the National Strategic Framework Establishment of OVC care unit There is children policy

192) **What are remaining challenges in this area:**

There is need to support teh survivors There is need to address the social environment - policies on their own cantt change behaviour There is a need for a law reform commission that will periodically review laws and regulations in teh country There is no coordinated approach to policy making by different stakeholders The adption period of Bills to Laws is long to the extent that

issues addressed are overtaken by events Most of the existing policies are not translated into laws

Page 102

193)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)

Overall, how would you rate the efforts to enforce the existing policies, laws and regulations in 2009?

3 (3)

194)

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

There are Bills in parliament waiting to be passed The Human trafficking and OVC legislation have been passed The dissemination of the HIV policy to stakeholders

195)

What are remaining challenges in this area:

Criminalisation of sex work and men having sex with men practices Some companies violate human rights to their interest (eg. Insurance company still test for HIV in the life policy cover) Enforcing legislation, resources are inadequate and capacity building to help people understand how to interpret the law Policies are not translated into laws Lack of coordinated approach amongst stakeholders

Page 103

196)

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)

197)

Comments and examples:

Civil society is participating in a number of programmes and committees. Such as CCM There is participation by civil society though political and external influence take the lead Lobbying has intensified

Page 104

198)

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)

199)

Comments and examples:

Civil society was involved in NSF and participated in development of regional plans

Page 105

200)

a. the national AIDS strategy?

3 (3)

201)

b. the national AIDS budget?

2 (2)

202)

c. national AIDS reports?

3 (3)

203)

Comments and examples:

Civil society is involde in budgeting through Global Fund Civil society reports through SHAPMOS

Page 106

204)

a. developing the national M&E plan?

3 (3)

205)

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

3 (3)

206)

c. M&E efforts at local level?

3 (3)

207)

Comments and examples:

M & E system is consultative Civil society is involved in reporting SHAPMOS forms ensures participation

Page 107208) **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)

Page 108

209)

a. adequate financial support to implement its HIV activities?

2 (2)

210)

b. adequate technical support to implement its HIV activities?

2 (2)

211)

Comments and examples:

Financial support is improving Technical support is minimal There is need for capacity building in financial management, governance, M & E, planning and mobilisation of resources

Page 109212) **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	<25%
- Men who have sex with men	<25%
- Sex workers	<25%
Testing and Counselling	51-75%

Reduction of Stigma and Discrimination >75%	
Clinical services (ART/OI)*	25-50%
Home-based care	>75%
Programmes for OVC**	51-75%

Page 110

213)

Part B, Section II. CIVIL SOCIETY PARTICIPATION**Question 7 (continued)****Overall, how would you rate the efforts to increase civil society participation in 2009?**

5 (5)

214)

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

There has been an increase of funding from Global fund for civil society More civil society participation at community level Civil society representation at CCM Civil society recognition by the Ministry of Health Increase in subventions Subcontracting civil society to implement interventions

215)

What are remaining challenges in this area:

Funding is still not adequate to implement HIV programmes There is need for capacity building amongst civil society organisations Need to increase financial, technical support and sustainability Poor coordination - there is a need for a strong centre for coordination

Page 111

216)

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

Yes (0)

Page 112

217)

Part B, Section III: PREVENTION**Question 1 (continued)****IF YES, how were these specific needs determined?**

Need assessment exercise was conducted, there was intensive consultative Behavioral change studies have been done There is good evidence based analysis Studies and surveys have been conducted

218)

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	Don't agree
IEC* on stigma and discrimination reduction	Don't agree
Condom promotion	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	Don't agree
Risk reduction for men who have sex with men	Don't agree
Risk reduction for sex workers	Don't agree
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	Don't agree
HIV prevention in the workplace	Agree
Other: please specify	

Page 113

219)

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?

6 (6)

220)

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

Introduction of male circumcision Scale up of PMTCT resources have been increased Increased in community based activities in prevention More condom usage reduction in multiple sexual partners

221)

What are remaining challenges in this area:

Condom distribution is still a challenge There is poor supply chain management Inadequate behavior change programmes There are still populations that are left out in the campaigns for HIV preventions. Such as men having sex with men There is no impact assessment There is lack of coordination

Page 114

222)

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

223)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

Question 1 (continued)

IF YES, how were these specific needs determined?

There is assessment of health facilities Baseline studies and surveys have been done
 Consultations were done Information from health facilities (HMIS) Planning processes

224)

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	Don't agree
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Don't agree
Home-based care	Agree
Palliative care and treatment of common HIV-related infections	Don't agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	Agree
TB infection control in HIV treatment and care facilities	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

225)

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?

6 (6)

226)

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

More facilities providing services Decentralisation of services Increase in funding ART is free HIV treatment awareness is high People are seeing the difference in those who are in ART Survival within 12 months has increased for about 74% Improvement in TV programmes

227)

What are remaining challenges in this area:

Supply chain management need to be improved Stock out of Opportunistic infections drugs People delaying treatment Stigma and discrimination in some health facilities Compliance to treatment by clients is still a challenge Insufficient accessibility in rural areas Overcrowding of health facilities Quality of services

Page 117

228)

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?

Yes (0)

Page 118

229)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

2.1 IF YES, is there an operational definition for orphans and vulnerable children in the country?

Yes (0)

230)

2.2 IF YES, does the country have a national action plan specifically for orphans and vulnerable children?

Yes (0)

231)

2.3 IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?

Yes (0)

Page 119

232)

Part B, Section IV: TREATMENT, CARE AND SUPPORT**Question 2.3 (continued)****IF YES, what percentage of orphans and vulnerable children is being reached?**

Please enter the percentage (0-100)

45

233)

Overall, how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2009?

6 (6)

234)

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

There is a national plan for OVCs There is educational support for OVCs There is promotion of universal primary education Establishment of neighborhood care points Established of the national child coordinating unit There is awareness of OVCs by politicians

235)

What are remaining challenges in this area:

There is need for proper coordination for impact evaluation Support is mainly educational not in totality of child's needs Child headed families OVCs are sometimes abused and they lose family assets Efforts for OVCs are not comprehensive Upsence of care institutions results in lack of parental guidance The quality of the service provided to OVCs Sustainability of services