

Survey Response Details

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Response Details

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- 1) **Country**
Eritrea (0)
- 2) **Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:**
Dr Andeberhan Tesfazion
- 3) **Postal address:**
Ministry of Health, P.O. Box 212, Asmara, Eritrea.
- 4) **Telephone:**
Please include country code
291-1-122129
- 5) **Fax:**
Please include country code
291-1-122129
- 6) **E-mail:**
andatt2110@yahoo.com

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- 7) **Describe the process used for NCPI data gathering and validation:**
Data is collected from staff at the National AIDS and TB Control Division of the Ministry of Health and all entry is discussed in a meeting convened by the Director of the Division in which unit heads and programme coordinators participated. Data is also collected from the Monitoring and Evaluation Division of the Ministry of Health. Data and information is also collected from the Ministry of Labour and Human Welfare, the Ministry of Education, the Ministry of Justice.
- 8) **Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:**

There was no disagreement, however, issues are resolved by discussion and consensus.

9)

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

None.

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10)

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

	Organization Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 1	Ministry of Health Dr. Andeberhan Tesfazion, Director NATCoD	A.I, A.II, A.III, A.IV, A.V

11)

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 2	NATCoD	Dr. Araia Berhane, Head, Care & Treatment	A.I, A.II, A.III, A.IV, A.V
Respondent 3	NATCoD	Sr. Nigisti T. Michael, Head, Prevention	A.I, A.II, A.III, A.IV, A.V
Respondent 4	NATCoD	Dr. Tesfazion Negash Head, M&E Unit	A.I, A.II, A.III, A.IV, A.V
Respondent 5	MOH	Mr. Embaye Andom, Director M&E Division	A.I, A.II, A.III, A.IV, A.V
Respondent 6	Ministry of Justice	Mr. Rezene Seyoum, DG Training and HR	A.I, A.II, A.III, A.IV, A.V
Respondent 7	Ministry of Labour & Human Welfare	Mr. Mihretab DG Human Welfare	A.I, A.II, A.III, A.IV, A.V
Respondent 8	Ministry of Education	Mr. Negusse Maekele, Head of HAMSET Projects	A.I, A.II, A.III, A.IV, A.V
Respondent 9	Ministry of Defence	Dr. Haile Mihtsun, Surgeon General	A.I, A.II, A.III, A.IV, A.V
Respondent 10	Ministry of Information	Mr. Abraham G. Michael, Project Officer	A.I, A.II, A.III, A.IV, A.V
Respondent 11			
Respondent 12			
Respondent 13			
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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	UNDP Mr. Michael T. Medhin, NPO	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	WHO	Dr. Assefash Zehaie, NPO	B.I, B.II, B.III, B.IV
Respondent 3	UNICEF	Dr. Aye Aye Mon, Chief HIV & AIDS	B.I, B.II, B.III, B.IV
Respondent 4	UNFPA	Ms. Yordanos Mehari, NPO	B.I, B.II, B.III, B.IV
Respondent 5	Lutheran World Federation	Sr. Afberet Fire, Head, Health Projects	B.I, B.II, B.III, B.IV
Respondent 6	Norwegian Church Aid	Ms. Luz Joseph / Health Programme Officer	B.I, B.II, B.III, B.IV
Respondent 7	National Association of PLHA (BIDHO)	Mr. Solomon G. Kidan, Chair	B.I, B.II, B.III, B.IV
Respondent 8	National Union of Eritrean Youth and Students	Mr. Goitom Mehari, Project Officer, HIV/AIDS	B.I, B.II, B.III, B.IV
Respondent 9	National Union of Eritrean Women	Sr. Yihdega A. Haimanot, Project Officer	B.I, B.II, B.III, B.IV
Respondent 10			
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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)

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

12

16)

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

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

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17)

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

The sources for funding are the Governemnt, the World Bank (HAMSET Project), the Global Fund, the Joint United Nations Programme of Support and a few NGOs. Buget is allocated based on availability of funds and the prioritization of interventions.

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18)

Part A, Section I: STRATEGIC PLAN

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

Target populations	
a. Women and girls	Yes
b. Young women/young men	Yes
c. Injecting drug users	No
d. Men who have sex with men	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

19)

1.4 Were target populations identified through a needs assessment?

Yes (0)

Page 10

20)

Part A, Section I: STRATEGIC PLAN

Question 1.4 (continued)

IF YES, when was this needs assessment conducted?

Please enter the year in yyyy format

2008

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21)

Part A, Section I: STRATEGIC PLAN

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

Female Sex Workers; Long Distance Truck & Bus Drivers; Young women and girls; Young men;
The Military; Prisoners

22)

1.6 Does the multisectoral strategy include an operational plan?

Yes (0)

23)

1.7 Does the multisectoral strategy or operational plan include:

- | | |
|---|-----|
| a. Formal programme goals? | Yes |
| b. Clear targets or milestones? | Yes |
| c. Detailed costs for each programmatic area? | Yes |
| d. An indication of funding sources to support programme? | No |
| e. A monitoring and evaluation framework? | Yes |

24)

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

Active involvement (0)

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25)

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

Full involvement and participation of CSOs in the development of multi sectoral strategy is ensured by the establishment of a steering committee and a technical committee in which all CSOs, faith based organizations and the private sectors are involved. The national response is largely supported by the implementing and supporting agencies and the UNGASS 2010 NCPI report is collected with the support of the consultant and during the consensus building workshop in which all members of the National Steering Committee and the Technical Working Group were included.

26)

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

Yes (0)

27)

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

Yes, all partners (0)

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28)

Part A, Section I: STRATEGIC PLAN

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

Yes (0)

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29)

Part A, Section I: STRATEGIC PLAN

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

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

30)

2.2 IF YES, which specific HIV-related areas are included in one or more of the development plans?

HIV-related area included in development plan(s)	
HIV prevention	Yes
Treatment for opportunistic infections	Yes
Antiretroviral treatment	Yes
Care and support (including social security or other schemes)	Yes
HIV impact alleviation	Yes
Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support	Yes
Reduction of income inequalities as they relate to HIV prevention/treatment, care and/or support	Yes
Reduction of stigma and discrimination	Yes
Women's economic empowerment (e.g. access to credit, access to land, training)	Yes
Other: Please specify	No

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31)

Part A, Section I: STRATEGIC PLAN

3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?

No (0)

Page 17

32)

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

Yes (0)

Page 18

33)

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

No

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34)

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):

The policy for HIV counseling and testing in the uniformed services of country has three features. 1. For the purpose of diagnosis of acute infections done with the permission of the patient; 2. The 'Know Thy Self' campaign that is mandatory in all uniformed services conducted every two years; 3. Voluntary counseling and testing conducted in both public and military health facilities

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)

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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	No
d. Men who have sex with men	No
e. Sex Workers	Yes
f. Prison inmates	Yes
g. Migrants/mobile populations	Yes
Other: Please specify	No

37)

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

All existing services pertaining to HIV & AIDS prevention and the National response are made available and accessible to all population groups and the policies and strategies developed and that are in use support appropriate health services that is friendly to all population groups considered most at risk.

38)

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

The general health policy and guidelines that are currently in use point out that any level of discriminatory actions taken on most at risk populations are punishable by law. The rules are implemented and no such case ever appeared at any level of the health care system.

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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?

Yes (0)

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40)

Part A, Section I: STRATEGIC PLAN

6.1 IF YES, for which subpopulations?

a. Women	Yes
b. Young people	Yes
c. Injecting drug users	
d. Men who have sex with men	
e. Sex Workers	Yes
f. Prison inmates	Yes
g. Migrants/mobile populations	Yes
Other: Please specify	

41)

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

Discriminatory and stigmatizing actions, deeds and words are not tolerated absolutely and the rules make sure that all people that are affected by and infected with HIV & AIDS and those considered to be most at risk have access to prevention, treatment, care, psychosocial and economic support.

42)

Briefly comment on how they pose barriers:

There are no barriers in the health service delivery that can be explained as obstacles that originate from acts of discrimination to any population group of the society. Service providers are included in the development of policies, strategies, extensive regulations and directives around the delivery of health services including in the HIV/AIDS prevention, treatment, care and support.

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43)

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)

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44)

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

Yes (0)

45)

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

Yes (0)

Page 25

46)

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)

47)

7.4 Is HIV programme coverage being monitored?

Yes (0)

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48)

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

Yes (0)

49)

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

No (0)

Page 28**50) Part A, Section I: STRATEGIC PLAN****Question 7.4 (continued)**

(c) Is coverage monitored by geographical area?

Yes (0)

Page 29

51)

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

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

HIV & AIDS related estimates of current and future needs of the number of adults and children requiring antiretroviral therapy is estimated the zonal (provincial) and national level.

52)

Briefly explain how this information is used:

It is used to review and revise the annual action plans, priorities and allocation of resources (financial, human and material)

53)

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)

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54)

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

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

7 (7)

55)

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

1. MOH's human resource development plan carried out by the Research and Human Resource

Development Department is completed; 2. A plan to revitalize and strengthen the country's health system is in process and includes staffing, infrastructure and institutional development.

56)

What are remaining challenges in this area:

- 1. Inadequate financial resources; 2. Inadequate skilled human resource;

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57)

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

58)

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

Yes (0)

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59)

2.1 IF YES, when was it created?

Please enter the year in yyyy format

1998

60)

2.2 IF YES, who is the Chair?

Name	Ms. Amna Nurhussien
Position/title	Minister of Health

61)

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?	No
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

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62)

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

20

63)

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

2

64)

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

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65)

Part A, Section II: POLITICAL SUPPORT

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

Yes (0)

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66)

Part A, Section II: POLITICAL SUPPORT**Question 3 (continued)****IF YES, briefly describe the main achievements:**

Civil, society organizations and the private sectors are actively involved in the implementation of the national strategic plan and are governed by the "Three One Principles"

67)

Briefly describe the main challenges:

1. Monitoring and evaluation in respect to the "3-Ones Principle" is a challenge; 2. Financial resources are made available intermitently and far apart.

68)

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

Please enter the rounded percentage (0-100)

4

69)

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

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

70)

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

No (0)

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71)

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

10 (10)

72)

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

Political leaders showed significantly higher interest in the national response and commitments and efforts are made to expand services, to mainstream HIV and AIDS in government and private sectors and to enhance research and studies related to all aspects of the national response to HIV and AIDS.

73)

What are remaining challenges in this area:

1. Insufficient financial resource; 2. Shortage of trained health staff including professional counselors; 3. Old and inadequate health facility structures

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74)

Part A, Section III: PREVENTION**1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the *general population*?**

Yes (0)

Page 40

75)

Part A, Section III: PREVENTION**1.1 IF YES, what key messages are explicitly promoted?**

Check for key message explicitly promoted (multiple options allowed)

- 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)
- j. Fight against violence against women (0)
- k. Greater acceptance and involvement of people living with HIV (0)

l. Greater involvement of men in reproductive health programmes (0)

m. Males to get circumcised under medical supervision (0)

n. Know your HIV status (0)

o. Prevent mother-to-child transmission of HIV (0)

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

. Prevent accidental health facility based infection transmission and during cultural and traditional practices such as ear and nose piercing, scarification and tattooing. Awareness and education is provided to communities on female genital cutting with emphasis to prevention of HIV and AIDS. . Appropriate and timely treatment of STIs

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)

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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)

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

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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".

1. Long distance truck and bus drivers - for information on risk; 2. Traveling merchants - for information on risk; 3. People living with HIV & AIDS - on stigma, condom promotion; 4. People living with HIV & AIDS - on income generation 4. The military - on condom promotion, HIV test and counseling;

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85)

Part A, III. PREVENTION

Question 3.1 (continued)

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

9 (9)

86)

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

Behaviour Change Communication in communities and different population groups, workplace interventions and other community driven projects had been accelerated since the last report; Mainstreaming guide had been completed to include all government and private sectors into the national response.

87)

What are remaining challenges in this area:

.nadequate resource is the bottle necks

Page 45

88)

Part A, III. PREVENTION

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

Yes (0)

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89)

Part A, III. PREVENTION

Question 4 (continued)

IF YES, how were these specific needs determined?

Specific needs are based on situation and response analysis in the area of interventions that were used and implemented during the previous Strategic Plan. Achievements, opportunities, challenges and impacts are analysed in order to determine future needs.

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	N/A
Risk reduction for men who have sex with men	N/A
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	

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91)

Part A, III. PREVENTION

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

8 (8)

92)

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

Scaling up of services such as VCT, PMTCT, ART and BCC peer study groups in communities and among different population groups;

93)

What are remaining challenges in this area:

Inadequate financial and human resources

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94)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1. Does the country have a policy or strategy to promote comprehensive HIV treatment, care and support? (Comprehensive care includes, but is not limited to, treatment, HIV testing and counselling, psychosocial care, and home and community-based care).

Yes (0)

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95)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1.1 IF YES, does it address barriers for women?

Yes (0)

96)

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

Yes (0)

97)

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

Yes (0)

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98)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 2 (continued)

IF YES, how were these determined?

They are determined by situation and response analysis and the lesson learnt from activities, challenges and achievements of the previous year or strategic period.

99)

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	N/A
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	Agree
HIV care and support in the workplace (including alternative working arrangements)	Agree
Other: please specify	

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100)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

Yes (0)

101)

4. Does the country have access to *regional* procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy drugs, condoms, and substitution drugs?

Yes (0)

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102)

Part A, Section IV: TREATMENT, CARE AND SUPPORT**Question 4 (continued)****IF YES, for which commodities?:**

1. ARVs (assorted); 2. Male/Female condoms; 3. TB Drugs 4. Other OI drugs 5. Monitoring equipment - CD4 counting machines, reagents and other consumables

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103)

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)

104)

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

1. The number of cases willingly seeking ARV treatment is growing; 2. Home Based Care (HBC) is being used to strengthen care and support services and to promote messages of prevention in communities.

105)

What are remaining challenges in this area:

Inadequate resources.

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106)

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

107)

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)

108)

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

Yes (0)

109)

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

Yes (0)

Page 56

110)

Part A, Section IV: TREATMENT, CARE AND SUPPORT**Question 5.3 (continued)****IF YES, what percentage of orphans and vulnerable children is being reached?**

Please enter the rounded percentage (0-100)

10

111)

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

6 (6)

112)

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

Orphan support mechanism is implemented in group homes or by integration of orphans to

relatives and family members.

113)

What are remaining challenges in this area:

Inadequate resources (financial, human and material)

Page 57

114)

Part A, Section V: MONITORING AND EVALUATION

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

Yes (0)

Page 58

115)

1.1 IF YES, years covered:

Please enter the start year in yyyy format below

2008

116)

1.1 IF YES, years covered:

Please enter the end year in yyyy format below

2012

117)

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

Yes (0)

118)

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

Yes (0)

119)

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

Yes, but only some partners (0)

Page 59

120)

Part A, Section V: MONITORING AND EVALUATION

Question 1.4 (continued)

IF YES, but only some partners or IF NO, briefly describe what the issues are:

- 1. Lack of computerized M&E system
- 2. Lack of skilled human resources

Page 60

121)

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

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122)

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

123)

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

Yes (0)

Page 62

124)

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".

5

125)

3.2 IF YES, has full funding been secured?

No (0)

126)

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

Yes (0)

Page 64

127)

Part A, Section V: MONITORING AND EVALUATION

Question 3.2 (continued)

IF you answer "NO" i.e., indicating the full funding has NOT been secured, briefly describe the challenges:

There is a limited resource for computerized M&E system and training of staff

128)

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

Yes (0)

Page 65

129)

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:

The national M&E system is developed during the last 3 years through assessments, consultations and participation of development partners and stake holders.

130)

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

Yes (0)

Page 66

131)

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)		No

132) Number of permanent staff:

Please enter an integer greater than or equal to 0
5

133) Number of temporary staff:

Please enter an integer greater than or equal to 0
0

Page 67

134)

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	Director	Full time	2007
Permanent staff 2	M&E Officer	Full time	2008
Permanent staff 3	M&E Officer	Full time	2008
Permanent staff 4	M&E Advisor (UNAIDS)	Full time	2009
Permanent staff 5	Programme Assistant	Full time	2007
Permanent staff 6			
Permanent staff 7			
Permanent staff 8			
Permanent staff 9			
Permanent staff 10			
Permanent staff 11			
Permanent staff 12			
Permanent staff 13			
Permanent staff 14			
Permanent staff 15			

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135)

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

1. Periodic reports; 2. Annual reviews;

137)

What are the major challenges?

The M&E Division is not yet very strong due to lack of adequate system and human resources.

Page 70

138)

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)

139)

6.1 Does it include representation from civil society?

Yes (0)

Page 71**140) 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:**

Representatives of the civil society are: 1. The National Union of Eritrean Women; 2. The National Union of Eritrean Youth and Students; 3. The National Confederation of Eritrean Workers; 4. The National Association of People Living with HIV and AIDS.

141)

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

No (0)

Page 73

142)

7.3 Is there a functional* Health Information System?

At national level Yes
At subnational level Yes

Page 74**143) 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)?

1. Zonal level; 2. Facility level (mainly hospitals)

144)

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

Yes (0)

145)

9. To what extent are M&E data used**9.1 in developing / revising the national AIDS strategy?:**

4 (4)

146)

Provide a specific example:

1. To Develop the national strategic plan; 2. To forecast ARVs, test kits, 3. Costing of the annual action plans.

147)

What are the main challenges, if any?

The M&E is not as strong as it should be to play because of resource constrained situations and lack of adequately trained human resources.

Page 75**148) Part A, Section V: MONITORING AND EVALUATION**

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

3 (3)

149)

Provide a specific example:

M&E data was the basis for the development of HIV related proposals to the Global Fund

Page 76

150)

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

3 (3)

151)

Provide a specific example:

Training of health staff and staffs of other implementing partners to improve reporting completeness of services rendered was initiated by the findings based on M%E;

152)

What are the main challenges, if any?

Same as above.

Page 77**153) 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

154)

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

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

Page 79

155) **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

45

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

Please enter an integer greater than 0

170

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

Please enter an integer greater than 0

45

Page 80

158)

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

Yes (0)

Page 81159) **Part A, Section V: MONITORING AND EVALUATION****Question 10.2 (continued)****IF YES, describe what types of activities:**

- Strengthening of institutional capacity at the national, zonal and facility (computers and other office equipment)

Page 82160) **Part A, Section V: MONITORING AND EVALUATION****Question 10.2 (continued)****Overall, how would you rate the M&E efforts of the HIV programme in 2009?**

5 (5)

161)

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

Capacity building of staff at national and zonal including staff of development partners and stake

holders.

162)

What are remaining challenges in this area:

Inadequate resources.

Page 83

163)

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

164)

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

165)

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

166)

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

167)

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 HIV/AIDS and STIs Policy and Policy Guidelines reflect the following right based issues: 1) The rights of the community, the family and the individual living with HIV and AIDS is respected; 2) The roles key sectors (workers, Civil Society Organizations, Faith Based Organizations) is identified and shared; 3) The need for extensive public awareness through the media support is realized.

168)

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

169)

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

170)

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

IF YES, describe some examples:

The National Association of People Living with HIV & AIDS (BIDHO) is a member of the National Technical Working Group (TWG) is involved in HIV policy design, planning and implementation. Most at risk population groups such as the youth, the military, women and workers are represented by their organizations and national unions in the National TWG.

171)

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

172)

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:

1) HIV prevention services (VCT, PMTCT, Condom promotion and distribution and BCC peer study groups) 2) ART and 3) Home Based Care and Support services including psychosocial and spiritual support by CSOs, FBOs and the Ministry of Labour and Human Welfare had been provided free of charge. There never was any restriction or barrier to access on any population group.

173)

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

174)

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)

175)

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)

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176)

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

IF YES, briefly describe the content of this policy:

The Government established Behaviour Change Communication Study Groups among: 1) Sex workers, 2) Students in schools, 3) The Military, 4) Long distance truck drivers, farmers and fishermen 5) The workplace 5) Women in communities. The policy is supported periodic monitoring and evaluation and problem solving.

177)

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?

No (0)

Page 95

178)

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

Yes (0)

179)

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

No (0)

Page 97

180)

– 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)

181)

– 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

Yes (0)

182)

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

Yes (0)

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183)

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

Focal persons representing different government and private sectors are trained to train, sensitise, coordinate BCC peer groups and to protect the human rights of colleagues in the event of their HIV related infections. No violation of such rights had been reported.

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?

Yes (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?

8 (8)

191)

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

1) More people living with HIV & AIDS are taking ARV; 2) PLHA living in rural and sub urban communities are forming branch associations and are supported to organize income generating schemes; 3) PLHA demand for geographically closer ART centers and the general population favours the expansion of service sites (PMTCT, VCT etc) ;

192)

What are remaining challenges in this area:

Financial constraints and shortage of trained counselors and other service providers.

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?

6 (6)

194)

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

The National HIV/AIDS/STIs Policy and Policy Guidelines is revised awaiting finalization.

195)

What are remaining challenges in this area:

None.

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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:

There is a full participation of the civil society in the general aspects of the national response as members of the National Steering Committees, the CCM and the Technical Working Group against HIV & AIDS. Their opinion is respected.

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)?

5 (5)

199)

Comments and examples:

They are part and parcel of the National Steering Committee, the CCM and TWG. All attend regular meetings and are involved in the planning and budgeting process.

Page 105

200)

a. the national AIDS strategy?

4 (4)

201)

b. the national AIDS budget?

4 (4)

202)

c. national AIDS reports?

4 (4)

203)

Comments and examples:

CSOs workout and submitt practical and feasible programmes with budget estimates and actually submit activity reports during and after the implementation of the projects. Programmes such as VCT, BCC, IEC material production and distribution, condom promotion and idtribution are contributions made by the CSOs to the national response.

Page 106

204)

a. developing the national M&E plan?

4 (4)

205)

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

4 (4)

206)

c. M&E efforts at local level?

4 (4)

207)

Comments and examples:

CSOs are often assigned in M&E process of the national response at national, zonal/sub zonal level and the grassroot level.

Page 107**208) 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)

209)

Comments and examples:

CSOs are supportive to the contributions made by FBOs and often stand by the National Association of People Living with HIV and AIDS (BIDHO). CSOs supported the establishment of BCC peer study groups and activities related to Home Based Care.

Page 108

210)

a. adequate financial support to implement its HIV activities?

4 (4)

211)

b. adequate technical support to implement its HIV activities?

5 (5)

212)

Comments and examples:

As members of the TWG, financial and technical support is provided to CSOs upon completing and submitting their annual workplan that is feasible and focused to wards all preventive programmes and activities related to home based care services.

Page 109213) **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	51-75%
Testing and Counselling	51-75%
Reduction of Stigma and Discrimination	25-50%
Clinical services (ART/OI)*	<25%
Home-based care	25-50%
Programmes for OVC**	<25%

Page 110

214)

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)

215)

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

The national Confederation of Eritrean Workers has expanded its reach to cover all government and private ownership workplaces; HIV testing by the Youth Organizations opened 3 new sites in 2009; The National Union of Eritrean Women trained law enforcers, administrators and judges on the basic facts about HIV, violence against women and girls and female genital cutting.

216)

What are remaining challenges in this area:

Shortage of technical staff and resources.

Page 111

217)

Part B, Section III: PREVENTION

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

Yes (0)

Page 112

218)

Part B, Section III: PREVENTION

Question 1 (continued)

IF YES, how were these specific needs determined?

1) Periodic zonal and facility report; 2) Annual reviews in which all partners and stake holders attend; 3) Situation and response analysis and the consensus building process; 4) Research and study

219)

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	Don't agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Don't agree
Condom promotion	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	N/A
Risk reduction for men who have sex with men	N/A
Risk reduction for sex workers	Don't agree
Reproductive health services including sexually transmitted infections	Don't agree

prevention and treatment	Don't 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: Military	Agree

Page 113

220)

Part B, Section III: PREVENTION**Question 1.1 (continued)**

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

7 (7)

221)

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

Reduction of HIV prevalence among ANC attending pregnant women; Increased PMTCT services and increased pregnant women attending services Increased VCT centers

222)

What are remaining challenges in this area:

Limited support; Health facilities that are not conducive to privacy and confidentiality; Shortage of skilled human resources

Page 114

223)

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

224)

Part B, Section IV: TREATMENT, CARE AND SUPPORT**Question 1 (continued)**

IF YES, how were these specific needs determined?

- Estimates that are based on the current HIV prevalence; - Situation analysis conducted during the development of the National Strategic Plan 2008-20012; - The Universal Access Targets; - Comprehensive HIV/AIDS situation and ART logistics and supply assessment

225)

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	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	Don't agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	N/A
TB infection control in HIV treatment and care facilities	Agree
Cotrimoxazole prophylaxis in HIV-infected people	Don't agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Don't agree
HIV treatment services in the workplace or treatment referral systems through the workplace	Don't agree
HIV care and support in the workplace (including alternative working arrangements)	Don't agree
Other: please specify	

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226)

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?

8 (8)

227)

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

- Opening of new ART sites; - Capacity development of health staff; - Establishment of viral load testing and mechanism for DNA testing for early infant diagnosis

228)

What are remaining challenges in this area:

- Shortage of skilled human resources; - Expansion to unreached area; - Fighting and decreasing

internal (self inflicted) stigma

Page 117**229)****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?

N/A (0)