# Survey Response Details

## Response Information

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## User Information

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## Response Details

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### Page 1

**1)  Country**

Egypt  (0)

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

Dr. lhab

**3)  Postal address:**

3 Magles El Shaab

**4)  E-mail:**

dr_ehab@hotmail.com

**5)  Date of submission:**

Please enter in DD/MM/YYYY format

31/03/2010

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### Page 3

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

personal interviews

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

consultation and further interview

**8)**

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

no concerns

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**9)**

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

| | Organization | Names/Positions | Respondents to Part A [Indicate which parts each respondent was queried on] |
|---|---|---|---|
| Respondent 1 | MOH | Dr Ihab/NAP manager | A.I, A.II |

**10)**

| | Organization | Names/Positions | Respondents to Part A [Indicate which parts each respondent was queried on] |
|---|---|---|---|
| Respondent 2 | MOH | Dr Mervat / NAP consultant | A.I, A.II, A.III |
| Respondent 3 | MOH | Dr Ahmed Bahaa / clinical care officer | A.IV |
| Respondent 4 | MOH | Dr Tarek Abdulrahman / NAP consultant | A.V |
| Respondent 5 | MOH | Dr Tarek Bahaa / VCT officer | A.III, A.IV |
| Respondent 6 | MOH | Dr Ahmed Yaaqoup / M&E officer | A.V |
| 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 | |

**11)**

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

|  | Organization | Names/Positions | Respondents to Part B [Indicate which parts each respondent was queried on] |
|---|---|---|---|
| Respondent 1 | UNAIDS | Dr Wessam Elbeih / c.o | B.I, B.II, B.III, B.IV |

**12)**

|  | Organization | Names/Positions | Respondents to Part B [Indicate which parts each respondent was queried on] |
|---|---|---|---|
| Respondent 2 | UNDP | Dr Maged Safiek | B.I |
| Respondent 3 | UNICEF | Dr Dina Khaled | B.III, B.IV |
| Respondent 4 | UNTG | Dr Ashraf Azef | B.III, B.IV |
| Respondent 5 | EIPR | Dr Ragia Shawky | B.I |
| Respondent 6 | Refugee Egypt | Dr Eman Kamal | B.III, B.IV |
| Respondent 7 | CARITAS | Dr Sany Kozman | B.II |
| Respondent 8 | Friends of Life | | B.II, B.III, B.IV |
| 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 | | | |

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13)

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

**1. Has the country developed a national multisectoral strategy to respond to HIV?**

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

   **Yes  (0)**

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

**Question 1 (continued)**
**Period covered:**
   2007-2011

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* |  |  |

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**Page 8**

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?**

   Global fund in addition to funds from UN agencies,bilateral agencies and governmental funds. All ensure proper implementation of specific activities

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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 | Yes |
| d. Men who have sex with men | Yes |
| e. Sex workers | Yes |
| f. Orphans and other vulnerable children | Yes |
| g. Other specific vulnerable subpopulations* | Yes |
| **Settings** | |
| h. Workplace | Yes |
| i. Schools | Yes |
| j. Prisons | Yes |
| **Cross-cutting issues** | |
| k.HIV and poverty | Yes |
| l. Human rights protection | Yes |
| m. Involvement of people living with HIV | Yes |
| n. Addressing stigma and discrimination | Yes |
| o. Gender empowerment and/or gender equality | Yes |

**19)**

**1.4 Were target populations identified through a needs assessment?**

Yes  (0)

**Page 10**

**20)**

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

**Question 1.4 (continued)**
**IF YES, when was this needs assessment conducted?**

Please enter the year in yyyy format

2006

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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?**

MARPS + vulnerable populations(women,prisoners,youth,street children and refugees

**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? | Yes |
| 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:**

This was organised through conducting regular trainings to various NGOs in different governorates. Establishment of several drop-in centers through various NGOs with the help of UN agencies and NAP technical assistance is another form of active involvement. Furthermore NGOs are actively participating in anti stigma campaigns conducted by NAP in different governorates.

**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?**

N/A (0)

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**29)**

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

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

N/A (0)

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**30)**

**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)

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**31)**

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

**4.1 *IF YES*, which of the following programmes have been implemented beyond the pilot stage to reach a signifi cant proportion of the uniformed services?**

| | |
|---|---|
| Behavioural change communication | Yes |
| Condom provision | No |
| HIV testing and counselling | Yes |
| Sexually transmitted infection services | Yes |
| Antiretroviral treatment | Yes |
| Care and support | Yes |
| Other: Please specify | |

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**32)**

**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):**

VCT services are being conducted in four prisons in Egypt in collaboration with UNODC which follow the principles of confidntiality and annonymity applied in outside VCTs.

**33)**

**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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**34)**

**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 | No |
| f. Prison inmates | No |
| g. Migrants/mobile populations | No |
| Other: Please specify | |

**35)**

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

The above subpopulations are recieving preventive, curative and rehabilitative services as other subpopulation. By law these services should be provided without any descrimination related to sex, age or group.

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**36)**

**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)

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**37)**

**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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**38)**

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

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

   No  (0)

**39)**

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

   Yes  (0)

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**40)**

**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)

**41)**

   **7.4 Is HIV programme coverage being monitored?**

   Yes  (0)

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**42)**

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

**Question 7.4 (continued)**
**(a) IF YES, is coverage monitored by sex (male, female)?**

   Yes  (0)

**43)**

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

Yes  (0)

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**Page 27**

44)

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

**Question 7.4 (b) (continued)**
**IF YES, for which population groups?**

MARPs,pregnant women and vulnerable groups including women, youth, refugees, prisoners and street children.

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

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

Yes  (0)

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46)

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

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

**At both governorate and peripheral levels**

47)

**Briefly explain how this information is used:**

Based on this information budget and services are provided for each geographical level.

48)

**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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49)

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

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

9  (9)

50)

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

- Capacity building has been achieved - Care and support - Ensuring safe blood supply - Implementing of PMTCT program - Decentralisation of ARVs provision - Introducing HIV services in prisons. - Establishment of VCTs in special settings eg.prisons,TB clinics

51)

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

-NSP needs to budgetted -Non-descrimination laws and regulations should address MARPs explicitly.

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52)

**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 |

53)

**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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**Page 32**

54)

**2.1 IF YES, when was it created?**

Please enter the year in yyyy format
1986

55)

**2.2 IF YES, who is the Chair?**

| Name | Dr.Ehab Abdelrahman |
|------|---------------------|
| Position/title | NAP manager |

**56)**

**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 |

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**57)**

**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
  85

**58)**

**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
  10

**59)**

**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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**60)**

## 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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**61)**

## Part A, Section II: POLITICAL SUPPORT

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

- Different NGOs are currently working with MARPs - Prevention program are being implemented to MARPs - VCT services for different target groups

**62)**

**Briefly describe the main challenges:**

- Stigma and some culture barriers as norms and values remain the most main challenges for adequate implementation of HIV programs

**63)**

**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 | Yes |

**64)**

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

Yes  (0)

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**65)**

## Part A, Section II: POLITICAL SUPPORT

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

**Control policies?**

No  (0)

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**66)**

**Part A, Section II: POLITICAL SUPPORT**

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

8  (8)

**67)**

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

- NAP includes members from different national sectors and civil society is assumin an important role in HIV response in close collaboration with the governmental sector.

**68)**

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

- HIV related stigma is considred the main barrier to effective HIV response.

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**69)**

**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)

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**70)**

**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)

i. Use clean needles and syringes  (0)

j. Fight against violence against women  (0)

k. Greater acceptance and involvement of people living with HIV  (0)

n. Know your HIV status  (0)

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

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

- Culture enforces male circumcision all over the country.

72)

**1.2 In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?**

Yes  (0)

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73)

**Part A, Section III: PREVENTION**

**2. Does the country have a policy or strategy promoting HIV-related reproductive and sexual health education for young people?**

Yes  (0)

74)

**2.1 Is HIV education part of the curriculum in:**

| | |
|---|---|
| primary schools? | Yes |
| secondary schools? | Yes |
| teacher training? | Yes |

75)

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

Yes  (0)

**76)**

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

   Yes  (0)

**77)**

### 3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for most-at-risk or other vulnerable sub-populations?

   Yes  (0)

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**78)**

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

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

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

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**79)**

### 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)

**80)**

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

- HIV has been introduced in school and university curricula - Prevention activities have been

conducted among uniformed services. - No restrictions on HIV positive persons in relation to tourism or shor visits.

**81)**

## What are remaining challenges in this area:

- more efforts are still needed to target out of school population with proper HIV prevention programs.

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**82)**

## Part A, III. PREVENTION

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

Yes  (0)

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**83)**

## Part A, III. PREVENTION

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

- HIV/AIDS assessment in prisons has been conducted in collaboration with UNODC to plan for effective intervention for inmates as a special target group - VCT services have been expanded to cover more geographical areas

**84)**

## 4.1 To what extent has HIV prevention been implemented?

|  | The majority of people in need have access |
| --- | --- |
| **HIV prevention component** | |
| Blood safety | Agree |
| Universal precautions in health care settings | Agree |
| Prevention of mother-to-child transmission of HIV | Agree |
| IEC* on risk reduction | Agree |
| IEC* on stigma and discrimination reduction | Don't agree |
| Condom promotion | Don't agree |
| HIV testing and counselling | Agree |
| Harm reduction for injecting drug users | Don't agree |
| Risk reduction for men who have sex with men | Agree |
| Risk reduction for sex workers | Agree |
| Reproductive health services including sexually transmitted infections prevention and treatment | Agree |

| | |
|---|---|
| School-based HIV education for young people | Agree |
| HIV prevention for out-of-school young people | Don't agree |
| HIV prevention in the workplace | Agree |
| Other: please specify | |

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**85)**

### Part A, III. PREVENTION

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

9  (9)

**86)**

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

- NAP has established new sentinel sites for strengthening surveillance system and proper coverage of vulnerable groups. - Capacity building of personnel working in these sites has been carried out with regular refreshing training courses. - active involvement of NGOs to reach MARPs. - development of home based care guidelines. - establishing a standardise national M&E system. - increase awareness abuot HIV/AIDS. - developing outreach and peer education programs for MARPs. strengthing and expanding VCT services in different governorates

**87)**

### What are remaining challenges in this area:

- Increasing knowledge about HIVAIDS prevention among general population - Overcoming stigma and discrimination related to HIV/AIDS

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**88)**

### 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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**89)**

### Part A, Section IV: TREATMENT, CARE AND SUPPORT

### 1.1 IF YES, does it address barriers for women?

Yes  (0)

**90)**

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

Yes  (0)

**91)**

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

Yes  (0)

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**92)**

**Part A, Section IV: TREATMENT, CARE AND SUPPORT**

**Question 2 (continued)**
**IF YES, how were these determined?**

- The exsisting surveillance system allows the determination of number of PLHA and specific needs for treatment,care and support services are identified

**93)**

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

| | The majority of people in need have access |
|---|---|
| **HIV treatment, care and support service** | |
| Antiretroviral therapy | Agree |
| Nutritional care | Don't agree |
| Paediatric AIDS treatment | Agree |
| Sexually transmitted infection management | Agree |
| Psychosocial support for people living with HIV and their families | Agree |
| Home-based care | Don't agree |
| Palliative care and treatment of common HIV-related infections | Agree |
| HIV testing and counselling for TB patients | Agree |
| TB screening for HIV-infected people | Agree |
| TB preventive therapy for HIV-infected people | Agree |
| TB infection control in HIV treatment and care facilities | Agree |
| Cotrimoxazole prophylaxis in HIV-infected people | Agree |
| Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape) | Don't agree |
| HIV treatment services in the workplace or treatment referral systems through the workplace | Don't agree |
| HIV care and support in the workplace (including alternative working arrangements) | Don't agree |
| Other: please specify | |

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94)

### 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)**

95)

**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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96)

### Part A, Section IV: TREATMENT, CARE AND SUPPORT

**Question 4 (continued)**
**IF YES, for which commodities?:**
   - ARVs - Condom - Testing kits

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97)

### 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?**
   9  (9)

98)

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

   - Second line treatment is now available . - Decentralisation of ARVs provision sites - Home based care personnel have been trained in several governorates - HIV positives and families have been trained on Home based care.

99)

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

   - Implementation of home based care in the different governorates.

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**100)**

**Part A, Section IV: TREATMENT, CARE AND SUPPORT**

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

N/A  (0)

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**101)**

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

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

Yes  (0)

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**102)**

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

2008

**103)**

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

2013

**104)**

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

Yes  (0)

**105)**

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

Yes  (0)

**106)**

**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)

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**107)**

**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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108)

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

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

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

109)

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

Yes  (0)

**Page 62**

110)

**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".

20

111)

**3.2 IF YES, has full funding been secured?**

Yes  (0)

**112)**

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

Yes  (0)

---

**Page 64**

**113)**

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

Yes  (0)

---

**Page 65**

**114)**

### 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:

Assessment of M&E planning phase is conducted almost monthly through MERG and assessment of the implementation phase will be followed on regular bases to ensure quality of data and to discuss challenges and barriers to effective M&E system

**115)**

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

Yes  (0)

---

**Page 66**

**116)**

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

in the National AIDS Commission (or equivalent)?

in the Ministry of Health?                           Yes

Elsewhere? (please specify)

**117)** **Number of permanent staff:**

Please enter an integer greater than or equal to 0

1

**118)** **Number of temporary staff:**

Please enter an integer greater than or equal to 0

39

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**119)**

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

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

|  | Position | Full time/Part time? | Since when? (please enter the year in yyyy format) |
|---|---|---|---|
| Permanent staff 1 | M&E officer | Full time | 2008 |
| Permanent staff 2 |  |  |  |
| Permanent staff 3 |  |  |  |
| Permanent staff 4 |  |  |  |
| Permanent staff 5 |  |  |  |
| Permanent staff 6 |  |  |  |
| Permanent staff 7 |  |  |  |
| Permanent staff 8 |  |  |  |
| Permanent staff 9 |  |  |  |
| Permanent staff 10 |  |  |  |
| Permanent staff 11 |  |  |  |
| Permanent staff 12 |  |  |  |
| Permanent staff 13 |  |  |  |
| Permanent staff 14 |  |  |  |
| Permanent staff 15 |  |  |  |

**120)**

**Please describe the details of <u>all</u> the temporary staff:**

|  | Position | Full time/Part time? | Since when? (please enter the year in yyyy format) |
|---|---|---|---|
| Temporary staff 1 | VCT officer | Part time | 2005 |
| Temporary staff 2 | training officer | Part time | 2008 |
| Temporary staff 3 | support group officer | Part time | 2005 |
| Temporary staff 4 | clinical care officer | Part time | 2005 |
| Temporary staff 5 | M&E cosultant | Part time | 2008 |
| Temporary staff 6 | surveillance officer | Part time | 1990 |
| Temporary staff 7 | 27 governorate focal point | Part time | 1991 |
| Temporary staff 8 | 6 NGOs |  | 2008 |
| Temporary staff 9 |  |  |  |
| Temporary staff 10 |  |  |  |
| Temporary staff 11 |  |  |  |
| Temporary staff 12 |  |  |  |
| Temporary staff 13 |  |  |  |
| Temporary staff 14 |  |  |  |
| Temporary staff 15 |  |  |  |

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**121)**

**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**

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

**Question 5.3 (continued)**
**IF YES, briefly describe the data-sharing mechanisms:**

- Deadlines for submitting data at different M&E levels were setup and report generation to be conducted centrally with following feedbacks. - A sofware has been developed for data entry and transfer - People have been adequately trained on the formats and data entry.

**123)**

**What are the major challenges?**

To ensure format are properly sent on time.

---

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**124)**

**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)

**125)**

**6.1 Does it include representation from civil society?**

Yes (0)

---

**Page 71**

**126) 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:**

NGOs working on outreach programs and other HIV preventive activities are involved in the M&E system, a representative from each NGO has been trained on M&E system and is responsible for data transfer.

**127)**

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

Yes  (0)

---

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128)

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

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

- ART registery - VCT central unit - surveiillance and epidemiological central database - M&E central unit - for each compnent technical officer is responsible for management of the relevant data

129)

**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**

130)

**7.3 Is there a functional\* Health Information System?**

At national level        Yes
At subnational level Yes

---

**Page 74**

131)   **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)?**

At both governorate and peripheral levels

132)

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

No  (0)

133)

**9. To what extent are M&E data used**

**9.1 in developing / revising the national AIDS strategy?:**

3  (3)

**134)**

**Provide a specific example:**

Surveillance and VCT data are used in the assessment phase when developing the strategic plan

**135)**

**What are the main challenges, if any?**

A properly functioning M&E system that provides quality data that can be used for sstrategic plan.

---

**Page 75**

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

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

2  (2)

**137)**

**Provide a specific example:**

data from surveillance system helped in the allocation of funds for ARVs.

**138)**

**What are the main challenges, if any?**

- M&E data are not yet reliable for fund allocation

---

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**139)**

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

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

3  (3)

**140)**

**Provide a specific example:**

Data from VCT helped in the decision of establishing new VCT sites

**141)**

**What are the main challenges, if any?**

data from different sorces is still incomplete

---

**Page 77**

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

**10. Is there a plan for increasing human capacity in M&E at national, subnational and service-delivery levels?:**

Yes, but only addressing some levels  (0)

---

**Page 78**

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

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

at subnational level  (0)
at service delivery level  (0)

144)

**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**

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

**Question 10.1 (continued)**
**Please enter the number of people trained <u>at national level.</u>**

Please enter an integer greater than 0

8

146)   **Please enter the number of people trained <u>at subnational level.</u>**

Please enter an integer greater than 0

27

147)   **Please enter the number of people trained <u>at service delivery level including civil society.</u>**

Please enter an integer greater than 0

162

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**148)**

## Part A, Section V: MONITORING AND EVALUATION

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

Yes  (0)

---

**Page 81**

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

**Question 10.2 (continued)**
**IF YES, describe what types of activities:**

- Electronic database was established at all levels - Electronic equipments were provided at different levels - Format wre explained and distributed

---

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**150)**  **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?**

9  (9)

**151)**

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

- Development of M&E plan and guidelines - Developing and revising of M&E data collection tools - Conduction of several M&E training workshops - Implementing the piloting phase of the National M&E system

**152)**

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

Expantion of the M&E system to cover all service delivery units allover the country.

---

**Page 83**

**153)**

**Part B, Section I: HUMAN RIGHTS**

**1. Does the country have laws and regulations that protect people living with HIV against discrimination? (including both general non-discrimination provisions and provisions that specifi cally mention HIV, focus on schooling, housing, employment, health care etc.)**

Yes (0)

---

**Page 84**

**154)**

### Part B, Section I. HUMAN RIGHTS

**1.1 IF YES, specify if HIV is specifically mentioned and how or if this is a general nondiscrimination provision:**

NO, is not specifically mentioned

**155)**

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

No (0)

---

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**156)**

### 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)

---

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**157)**

### Part B, Section I. HUMAN RIGHTS

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

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

**158)**

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

IDUs Laws prohibiting the use of and trade in narcotics have been in place since 1928. Current penalties under Law No. 182 for 1960 Concerning Prevention of Drug Abuse and Regularization of Drug Use and Trade are severe and include the death penalty CSWs Commercial sex work was outlawed in 1948 by Military Order No. 76 and is currently regulated by Law Number 10 for 1961 for the Combating of Prostitution and Appeals Rulings. In addition to commercial sex, other sexual relations are covered by the General Penalties Law No. 58 For 1937 Concerning Rape and Corrupting. Sex between unmarried couples is legal if it is between consenting adults who are not married to other individuals, and the sexual act takes place in a private location with no monetary exchange. If any of the above conditions are absent authorities may intervene and the sexual act is punishable (Article 278 and 279) MIGRANTS/MOBILE POPULATIONS HIV-negativity is required for non-Egyptians prior to obtaining a work visa. According to Article 2 of the Decree of the Minister of State for Labor Powers and Training number 469 (1995), non-Egyptians who wish to work must submit certain documents to obtain, or renew, a work visa. These documents include "a certificate proving the non-Egyptian to be free from AIDS." Briefly comment on how they pose barriers. If found positive migrants are prevented from entering the country and/or are repatriated. MSM (important consideration) Omosexuality is strongly rejected by authorities and by the majority of Egyptians. While there is no clause in any Egyptian law outlawing sex between adults of the same gender, the General Penalties Law of 1937 prohibits the engagement of unmarried individuals in sexual intercourse and does not identify the gender of the offenders. MSM are subjected to the Debauchery law which forbids immoral sexual practices and its interpretation/implementation results in a discriminatory approach towards MSM

**159)**

**Briefly comment on how they pose barriers:**

The main barrier posed by laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for MARPs and other vulnerable populations is linked to the opportunity to outreach MARPs. If certain vulnerable population are criminalized or discriminated by law that makes very difficult working with MARPs as they are framed in the national legislation as outlaws. This is automatically translated in an obstacle for NGOs to activate, provide and practice prevention mechanism. Discriminatory laws, regulations or policies result in increasing the level of stigma and discrimination against vulnerable population

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**Page 88**

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

**4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?**

No  (0)

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**Page 89**

**161)**

**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**

**162)**

> **6. Has the Government, through political and fi nancial support, involved people living with HIV, most-at-risk populations and/or other vulnerable subpopulations in governmental HIV-policy design and programme implementation?**
>
> Yes   (0)

---

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**163)**

> **Part B, Section I. HUMAN RIGHTS**
>
> **Question 6 (continued)**
> **IF YES, describe some examples:**
>
> The Egyptian government has put in place and is in the process of implementing support measures to involve PLHIV in developing policy design and supporting HIV and AIDS related programmes implementation. Among the several objectives of the NSP 2007-11 one is to improve economical status of PLHIV through initiating income generation activities. The activation of several support groups for PLHIV is another example. The government is promoting the active sharing of PLHIV in different training/workshops and encouraging PLHIV to advocate for their own cause and to conduct awareness raising seminars among MARPs. In addition PLHIV are requested to participate in the Country Coordinating Mechanism (CCM) of the Global Fund.

**164)**

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

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

---

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**165)**

> **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:**
>
> a) VCCT services are being implemented on a steady basis throughout the country. Information material on HIV and AIDS is being produced (suck as the booklet on HIV) and the hotline service is now active 24 hours. b) Access to Antiretroviral Treatment has improved due to procurement of a variety of antiretroviral medications supported by the global fund and national resources. The NAP has activated a process of decentralization in terms of ARVs distribution system as a result PLHIV are now able to access ARVs through distribution points located in 3 governorates. c) As

an alternative to traditional care, Caritas has launched a pilot home based care programme in Alexandria for PLHIV which is in the process of being expanded to Caro. The home based care programme provides home visits to HIV affected people and trainings for PLHIV and their families raising awareness and clarifying misconceptions. In addition, as part of the home based care initiative, the group has been working with health care providers to improve treatment and care for PLHIV. Support groups of PLHIV are present in Egypt

**166)**

**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**

**167)**

**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)

**168)**

**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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**169)**

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

**Question 9 (continued)**
**IF YES, briefly describe the content of this policy:**

Any person regardless of his age, sex and/or behavior has an equal access to HIV prevention, treatment and care services. It does not explicitly address any specific group.

**170)**

**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**

**171)**

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

No (0)

172)

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

Yes (0)

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173)

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

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

No (0)

---

**Page 97**

174)

**– Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work**

Yes (0)

175)

**– 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)

176)

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

No (0)

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177)

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

**Question 12 (continued)**
**IF YES on any of the above questions, describe some examples:**

National Council for Human Rights

---

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**178)**

**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)

**179)**

**– Legal aid systems for HIV casework**

Yes  (0)

**180)**

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

No  (0)

**181)**

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

Yes  (0)

**182)**

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

Yes  (0)

---

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**183)**

**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: Civil Society organization are in the process of building a coalition to fight stigma    **Yes**
and discrimination (ENNA, EIPR, NAMRU3)

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**184)**

### Part B, Section I. HUMAN RIGHTS

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

   3  (3)

**185)**

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

   N/A

**186)**

### What are remaining challenges in this area:

Direct and indirect criminalization of MARPs; A lack of emphasis about HIV and AIDS in judicial, religious and legal texts. Despite the existence of some generic provisions on human rights, there is insufficient legal information to be implemented in practice. HIV and human rights researchers face opposition from specialists who claim that the problem is not significant compared to that in other communities and therefore requires no close attention.

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**187)**

### Part B, Section I. HUMAN RIGHTS

### Question 15 (continued)
### Overall, how would you rate the efforts to enforce the existing policies, laws and regulations in 2009?

   4  (4)

**188)**

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

the NAP has been trying to enable the environment to work with MARPs; more and more Civil Society is being involved in terms of access to information In 2007 UNDP completed the 1st sub-regional workshop of Arab Parliamentarians on "DEVELOPMENT OF LEGISLATIONS PROTECTING AND PROMOTING THE RIGHTS OF PEOPLE LIVING WITH HIV". The workshop focused first on making the participants understand the reality and difficulties that PLWH and vulnerable populations are coping with (through testimonies of PLWH and IDUs), after what they have been studying the chapters of the Training Manual for Arab Legislators developed by HARPAS and aiming at providing the tools to reduce stigma and discrimination. They finally worked on the drafting of their national work plans (including methodology, deadlines, partners,

etc). The Egyptian delegation agreed on the following task: - Reviewing the Constitution and the Laws - suggesting a model of legislation - Discussing principles When: Starting in January 2008 Where: Committee of suggestions and complaints This is a starting point to sensitize those who are enforcing the law on HIV and AIDS related issues.

**189)**

### What are remaining challenges in this area:

Direct and indirect criminalization of MARPs through laws and/or their implementation; Lack of the culture of human rights among general population and in particular among marginalized groups and minorities; Under-estimation of the magnitude of the HIV/AIDS problem and the potential consequences on the national development and economy.

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**190)**

### Part B, Section II: CIVIL SOCIETY* PARTICIPATION

### 1. To what extent has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?

2 (2)

**191)**

### Comments and examples:

Current NGOs involvement in HIV and AIDS in Egypt is limited. Reasons for this include a minor donor activity on the matter and the fact that HIV and AIDS is not yet a clear and evident problem for NGOs in the country. Furthermore, there are few NGOs willing to work on sensitive issues, especially if this involves working with MARPs. In 2004 the first NGOs network against HIV/AIDS was established in Egypt with the support of the NAP, UNDP, UNAIDS Secretariat and UNICEF. The ENNA has developed its own action plan on HIV and AIDS but in the general context of the National response Civil society organizations are marginalized and suffer the lack of financial and technical resources with very limited possibilities to sensitize the government and strengthen the political commitment of top leaders.

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**192)**

### Part B, Section II. CIVIL SOCIETY PARTICIPATION

### 2. To what extent have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?
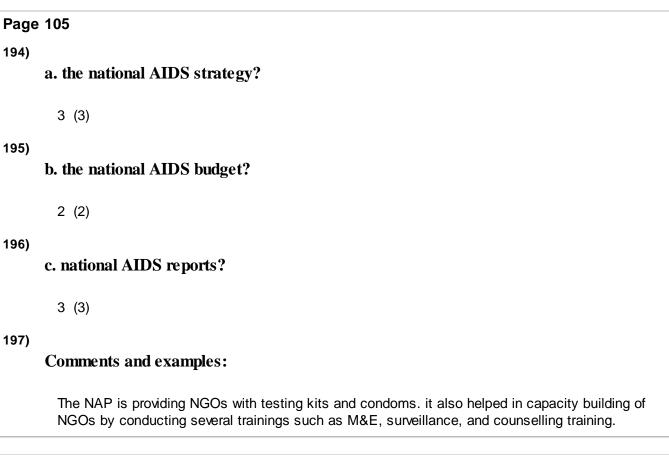
3 (3)

**193)**

### Comments and examples:

Civil Society (The Egypt Business Coalition on HIV, the Egyptian NGO Network against AIDS, people living with HIV and others) was involved in the NSP 2007-11 drafting. Civil Society

representatives attended the meetings held to develop the NSP and the government shared all drafts for comments allowing Civil Society to input throughout the entire process.

---

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**194)**

### a. the national AIDS strategy?

3  (3)

**195)**

### b. the national AIDS budget?

2  (2)

**196)**

### c. national AIDS reports?

3  (3)

**197)**

### Comments and examples:

The NAP is providing NGOs with testing kits and condoms. it also helped in capacity building of NGOs by conducting several trainings such as M&E, surveillance, and counselling training.

---

**Page 106**

**198)**

### a. developing the national M&E plan?

3  (3)

**199)**

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

3  (3)

**200)**

### c. M&E efforts at local level?

2  (2)

**201)**

### Comments and examples:

Although Civil society is represented within the Monitoring and Evaluation Reference Group (MERG) meetings were not attended on a regular basis.

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

**5. To what extent is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. networks of people living with HIV, organizations of sex workers, faith-based organizations)?**

2 (2)

**203)**

**Comments and examples:**

The network of Egyptian NGOs against AIDS is composed of 21 NGOs but only 8 are currently active on the response. Some NGOs outside the ENNA started to work on HIV and AIDS related issues in Egypt there are several faith based organizations and one PLHIV constituted NGO (Friends of life) . An NGO is working with sex workers (Shehab) others are working with MSM (Tamkin) and IDUs (Waay, Befrienders and Hayat).

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**204)**

**a. adequate financial support to implement its HIV activities?**

3 (3)

**205)**

**b. adequate technical support to implement its HIV activities?**

4 (4)

**206)**

**Comments and examples:**

Technical support is provided especially thanks to UNAIDS; Financial resources are available but they require a lot of work in terms of programming to be accessed

**Page 109**

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

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

| Prevention for youth | 51-75% |
|---|---|
| **Prevention for most-at-risk-populations** | |
| - Injecting drug users | >75% |
| - Men who have sex with men | >75% |
| - Sex workers | >75% |

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

## Page 110

**208)**

### Part B, Section II. CIVIL SOCIETY PARTICIPATION

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

5  (5)

**209)**

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

The network of NGOs specifically working on HIV (ENNA) is still active and it's implementing an action plan on HIV and AIDS; other NGOs out of this network started to work on HIV and AIDS related issues in the past 2 years

**210)**

### What are remaining challenges in this area:

There are laws at the national level inhibiting the work of Civil Society with MARPs; high level of stigma and discrimination

## Page 111

**211)**

### Part B, Section III: PREVENTION

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

Yes  (0)

## Page 112

**212)**

### Part B, Section III: PREVENTION

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

In 2003, an assessment was conducted by the Expanded Theme Group on HIV/AIDS. The assessment presented a descriptive analysis of social, cultural and economic conditions in Egypt that are prone to shaping the HIV/AIDS epidemic. This was followed by an analysis of the Egyptian response and illustrated what a comprehensive response to HIV/AIDS should encompass. The assessment also examined initiatives in place to curb HIV/AIDS, including governmental, non-governmental and international efforts. Most importantly, the assessment identified opportunities for elaboration and pointed out gaps that need to be addressed. The

assessment results were used to formulate the National Strategic Plan, although the document has not been officially endorsed and implemented in a comprehensive manner.

**213)**

## 1.1 To what extent has HIV prevention been implemented?

| HIV prevention component | The majority of people in need have access |
|---|---|
| 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 | Don't agree |
| Condom promotion | Don't agree |
| HIV testing and counselling | Agree |
| Harm reduction for injecting drug users | Agree |
| Risk reduction for men who have sex with men | 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 | Don't agree |
| HIV prevention for out-of-school young people | Don't agree |
| HIV prevention in the workplace | Don't agree |
| Other: please specify | |

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**214)**

**Part B, Section III: PREVENTION**

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

6  (6)

**215)**

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

Key achievements include numerous outreach projects for most-at-risk individuals, including sex workers, men who have sex with men, injecting drug users and street-children. Other risk groups being targeted with prevention activities include refugees and prisoners. However, given the limited geographic scope and small-scale of these activities, they are not sufficient in reaching large numbers of individuals. Activities include also working with the media in the attempt of reducing the stigma and discrimination widely associated with HIV. Other HIV prevention activities included peer education among young people and medical students. Of extreme importance on prevention is also the expansion of voluntary counseling and testing services across the country. Training provided by UNHCR to several NGOs (Caritas, Refugee Egypt and the Cairo Family Planning Association) on clinical management for survival in order to build capacities of service providers

with a standardized tool as the UNAIDS standard guidelines for training were utilized. The NGOs started implementing VCT, PMTCT and PEP services.

**216)**

### What are remaining challenges in this area:

Recent research has shown that the level of HIV knowledge among the general population and particularly among young people has been on the decline in recent years There is a strong need to scale-up outreach and prevention interventions for most-at-risk populations, beyond the small-scale activities which have been implemented to date. This also highlights the need to build the capacity of NGOs to implement HIV prevention, given that the existing number of NGOs working on HIV in Egypt is limited. Illiteracy and poverty; High level of stigma on HIV and AIDS in Egypt. Media Role is still very weak.

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**217)**

### Part B, Section IV: TREATMENT, CARE AND SUPPORT

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

Yes  (0)

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**218)**

### Part B, Section IV: TREATMENT, CARE AND SUPPORT

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

In February 2008, UNAIDS and UNICEF, in conjunction with the National AIDS Program (NAP) contracted international consultants to guide the enhancement of care and support services for PLHIV in Egypt. The overall goal of the assignment was to assess the current situation of the health care system and services available for PLHIV; after which specific recommendations were developed for addressing the gaps in the health care system as it relates to medical care and psychosocial support for PLHIV. The following tasks were undertaken as part of the assessment: 1) Mapping of all services currently provided, identifying gaps in services, recommending appropriate strategies to address them; 2) Clarifying a patient flow mechanism to ensure continuum of care, including appropriate ARV regimens; and 3) Development of recommendations to improve of the quality of care provided to PLHIV. Results of the assessment are now being used by the UN to advocate and plan for enhanced care and treatment for PLHIV.

**219)**

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

The majority of people in need have access

**HIV treatment, care and support service**

| | |
|---|---|
| Antiretroviral therapy | 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 | Don't agree |
| Palliative care and treatment of common HIV-related infections | Don't agree |
| HIV testing and counselling for TB patients | Agree |
| TB screening for HIV-infected people | Agree |
| TB preventive therapy for HIV-infected people | Agree |
| TB infection control in HIV treatment and care facilities | 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: PMTCT; Income Generation Programme | Don't agree |

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**220)**

**Part B, Section IV: TREATMENT, CARE AND SUPPORT**

**Question 1.1 (continued)**
**Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?**

6  (6)

**221)**

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

More effectively and timely procurement of ARVs supported by the global fund and national resources; establishment of a pilot home based care programme in Alexandria. As an alternative to traditional care, Caritas started a home based care programme for PLHIV. The home based care programme provides home visits to HIV affected people and trainings for PLHIV and their families raising awareness and clarifying misconceptions. In addition, as part of the home based care initiative, the group has been working with health care providers to improve treatment and care for PLHIV. procurement of ARVs for refugees; activation of a process to decentralize access to ARVs in Egypt.

**222)**

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

Need to expand second line treatment; develop a resistance testing strategy; need of viral load testing; expand the home based care programme to other governorates; need of a comprehensive care management system; improve PEP availability in Egypt; enhance pediatric care delivery lack of comprehensive psychosocial support; lack of nutritional care; lack of a national policy protecting refugee children who are HIV positive or vulnerable to HIV

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**223)**

### Part B, Section IV: TREATMENT, CARE AND SUPPORT

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

No (0)