

Survey Response Details

Response Information

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Response Details

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1) Country

Comoros (0)

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

Dr. Said Ahmed Bedja

3) Postal address:

Moroni, Maison des Nations Unies, Hamramba BP: 2068

4) Telephone:

Please include country code

00 269 332 09 74

5) E-mail:

BedjaS@unaids.org

6) Date of submission:

Please enter in DD/MM/YYYY format

30/03/2010

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

Un consultant national a été recruté pour mener le processus de collecte des données pour le rapport UNGASS. Une série d'interview et la vérification des registre et rapports ont été organisés. Une fois les données collectées des réunions de validation au niveau des îles et nationales ont été programmées. Ces réunions ont vu la participation des responsables au niveau des départements ministériels impliqués dans la réponse national, les ONGs, le secteur privé, les partenaires et les religieux. Toutes les entités impliquées dans la réponse national au VIH ont participé à ces réunions.

8) Describe the process used for resolving disagreements, if any, with respect to the

responses to specific questions:

Globalement il n'y a pas eu des divergences notoires dans les données. Ce qui a permis d'arriver à des consensus sans trop de problème. Le rapport du PNLS a été diffusé quelque temps avant la tenu des réunions de validation

9)

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

Le problème majeur rencontré se situ au niveau de la disponibilité des données. pour l'indice des données n'étaient pas disponible facilement.

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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	PNLS Dr. Ahmed Abdallah, Coordonateur National	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 Ministère de la Santé	Dr. Moussa Mohamed, Directeur National de la Santé	A.I, A.II, A.III, A.IV, A.V
Respondent 3 Ministère de la Santé, de la Solidarité et de la Promotion du Genre	Mr. Aboubacar Allaoui, DAAF	A. II, A. V
Respondent 4 Ministère de l'Education Nationale	Mr. Attoumane Ali, Chargé de la planification	A.I, A.II, A.III, A.IV, A.V
Respondent 5 OMS	Dr. Hissani Abdoubacar, Chargé de programme mère-enfant	A. I, A. II, A. III, A. IV, A. V
Respondent 6 UNICEF	Dr. Said Ali Mbaé, Chargé de programme survie de l'enfant	A.I, A.II, A.III, A.IV, A.V
Respondent 7 UNFPA	Dr. Mahamoud Said, Expert en santé de la reproduction	A. I, A. II, A. III, A. IV, A. V
Respondent 8 Santé Militaire	Youssef Djamani, Directeur de Service de Santé Militaire	A.I, A.II, A.III, A.IV, A.V
Respondent 9 Direction de la santé familiale	Mme Sett Fatima Tadjidine, Directrice	A. I, A. II, A. III, A. IV, A. V
Respondent 10 TAS, ONG	Mr. Achiraf, Président	A.I, A.II, A.III, A.IV, A.V
Respondent 11 Mouftorat	Mr. Mohamed Mohamed Ahmed, Chargé des affaires sanitaires	A. I, A. II, A. III, A. IV, A. V
Respondent		

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Respondent
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Respondent
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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	PNLS Dr. Ahmed Abdallah, Coordonateur	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	Ministère de la Santé Dr. Moussa Mohamed, Directeur National de la Santé	B.I, B.II, B.III, B.IV
Respondent 3	PNLS Mr. Abdallah Mzé, Chargé du suivi-évaluation PNL	B.I, B.II, B.III, B.IV
Respondent 4	PNLS Mme Asdjad Moustakim, Chargé de la communication PNL	B.I, B.II, B.III, B.IV
Respondent 5	Justice Mr. Azad Mzé, Procureur	B.I, B.II, B.III, B.IV
Respondent 6	UNICEF Dr. Said Ali Mbaé, Chargé de programme survie de l'enfant	B.I, B.II, B.III, B.IV
Respondent	Dr. Hissani Abdouhassan, Chargé de	

respondent 7	OMS	Dr. Hissani Abdoubar, Charge de programme mère-enfant	B.I, B.II, B.III, B.IV
Respondent 8	UNFPA	Dr. Mahamoud Said, Expert en santé de la reproduction	B.I, 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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14)

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

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

Yes (0)**Page 7**

15) **Part A, Section I: STRATEGIC PLAN****Question 1 (continued)****Period covered:**

2010-2014

16)

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

5

17)

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

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

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

k. HIV and poverty	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	No

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

2007

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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?**

Les jeunes hommes et femmes, les porteurs d'IST, les TS, Les HSH, les Tuberculeux, les PVVIH, les Militaires, les Prisonniers, les Femmes enceintes

22)

1.6 Does the multisectoral strategy include an operational plan?

No (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:**

Toutes les ONGs impliquées dans la réponse nationale prennent une active dans l'élaboration du PSN. Elles participent aux différents ateliers d'identification et d'analyse de la situation, à l'élaboration et budgétisation du PSN et la définition des indicateurs de suivi; Elles sont aussi impliquées dans la coordination et le suivi de la mise en oeuvre.

26)

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

No (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	No
b. Common Country Assessment / UN Development Assistance Framework	Yes
c. Poverty Reduction Strategy	Yes
d. Sector-wide approach	Yes

e. Autres: insérer

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	No
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)	No
Autres: insérer	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
Autres: insérer	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):

Les directives nationales sur le dépistage exigent que cela soit volontaire, anonyme et gratuit. Il est réalisé avec un conseil pré et post test.

35)

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

No (0)

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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?

Yes (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)

Page 26

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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44)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (b) (continued)

IF YES, for which population groups?

TS, HSH, Porteurs d'IST, Femmes enceintes, PVVIH,

45)

Briefly explain how this information is used:

Elle est utilisée à des fins programmatiques

Page 28**46) Part A, Section I: STRATEGIC PLAN****Question 7.4 (continued)****(c) Is coverage monitored by geographical area?**

Yes (0)

Page 29

47)

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

Niveau insulaire et district tenant compte de l'architecture du système de santé national

48)

Briefly explain how this information is used:

Elle est utilisée à des fins programmatiques

49)

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

Yes (0)

Page 30

50)

Part A, Section I: STRATEGIC PLAN**Question 7.5 (continued)****Overall, how would you rate strategy planning efforts in the HIV programmes in 2009?**

5 (5)

51)

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

Amélioration de la connaissance de l'épidémie à travers l'évaluation et l'identification des

populations clé à risque et l'estimation des besoins.

52)

What are remaining challenges in this area:

Le renforcement des capacités des agents impliqués dans la réponse nationale Des efforts dans le dépistage La lutte contre la stigmatisation

Page 31

53)

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

54)

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

Yes (0)

Page 32

55)

2.1 IF YES, when was it created?

Please enter the year in yyyy format

2001

56)

2.2 IF YES, who is the Chair?

Name	Excellence Ahmed Abdallah Mohamed Sambi
Position/title	Président de la République

57)

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?	No
have a functional Secretariat?	Yes
meet at least quarterly?	No
review actions on policy decisions regularly?	Yes
actively promote policy decisions?	Yes
provide opportunity for civil society to influence decision-making?	No
strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?	Yes

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58)

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

21

59)

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

60)

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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61)

Part A, Section II: POLITICAL SUPPORT

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

Yes (0)

Page 35

62)

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

Mobilisation des fonds Renforcement de la coordination

63)

Briefly describe the main challenges:

Non disponibilité des agents impliqués dans la réponse nationale Manque d'expérience pour la plus part d'entre eux

64)

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)

1

65)

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
Autres: insérer	No

66)

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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67)

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

3 (3)

68)

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

Appui à la mobilisation sociale

69)

What are remaining challenges in this area:

Insuffisance de ressources humaines qualifiées et financières

Page 39

70)

Part A, Section III: PREVENTION

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

Yes (0)

Page 40

71)

Part A, Section III: PREVENTION

1.1 IF YES, what key messages are explicitly promoted?

Check for key message explicitly promoted (multiple options allowed)

- 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)
- n. Know your HIV status (0)

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

72)

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

Yes (0)

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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	Men having sex with men, Sex workers, Prison inmates, Other populations
Stigma and discrimination reduction	Men having sex with men, Sex workers, Prison inmates, Other populations
Condom promotion	Men having sex with men, Sex workers, Prison inmates, Other populations
HIV testing and counselling	Men having sex with men, Sex workers, Prison inmates, Other populations
Reproductive health, including sexually transmitted infections prevention and treatment	Men having sex with men, Sex workers, Prison inmates, Other populations
Vulnerability reduction (e.g. income generation)	Men having sex with men, Sex workers, Prison inmates, Other populations
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?

5 (5)

80)

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

Implication des autorités dans les activités de mobilisation sociale et surtout disposition pour accompagner les actions de mobilisation des ressources.

81)

What are remaining challenges in this area:

Rareté des partenaires et insuffisance de ressources humaines qualifiées.

Page 45

82)

Part A, III. PREVENTION

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

Yes (0)

Page 46

83)

Part A, III. PREVENTION

Question 4 (continued)

IF YES, how were these specific needs determined?

A travers des études sur les populations clé à risque et l'analyse de la situation sur la réponse nationale. Une évaluation de la mise en oeuvre du PSN est prévue pour compléter la détermination des besoins en prévention.

84)

4.1 To what extent has HIV prevention been implemented?

The majority of people in need have access	
HIV prevention component	
Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Agree
Condom promotion	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	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	Agree
HIV prevention in the workplace	
Autres: insérer	Don't agree

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85)

Part A, III. PREVENTION

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

6 (6)

86)

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

L'élaboration et la mise en oeuvre du plan national pour l'accélération des efforts de prévention.

Elaboration et mis en application des directives pour le dépistage volontaire avec un accent particulier dans la promotion du dépistage. Lutte contre la stigmatisation à travers la promotion des précautions universelles.

87)

What are remaining challenges in this area:

Les problèmes majeurs sont en rapport avec le rapport. Il y a un problème de complétude et de promptitude dans la transmission des données. La faible capacité technique des responsables au niveau opérationnel ne permet pas un meilleur traitement des données.

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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?

Une évaluation a été réalisée dans le cadre de l'analyse des besoins pour déterminer tous les

besoins y compris en traitements et soins.

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	Don't agree
TB infection control in HIV treatment and care facilities	Agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Agree
HIV treatment services in the workplace or treatment referral systems through the workplace	Agree
HIV care and support in the workplace (including alternative working arrangements)	Agree
Autres programmes: insérer	

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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?:**

Tous les produits du protocole national de prise en charge.

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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?**

4 (4)

98)

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

La révision du protocole national de prise en charge des PVVIH; Acquisition du FCS compte pour le dosage des CD4 Renforcement des capacités du personnel impliqué dans le système de prise en charge des PVVIH (médecin référent, laborantin, pharmacien...)

99)

What are remaining challenges in this area:

Faible taux de dépistage, Forte stigmatisation qui est plus culturelle Acheminement des échantillons à l'extérieur pour la charge virage

Page 54

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?**

No (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

2010

103)

1.1 IF YES, years covered:

Please enter the end year in yyyy format below

2014

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)	No
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 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

109)

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

In progress (0)

Page 64

110)

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

Yes (0)

Page 65

111)

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:

L'évaluation doit se faire tous les cinq ans en meme temps que l'évaluation du PSN. Elle porte sur les indicateurs, le niveau de réalisation en meme temps le niveau d'exécution du budget.

112)

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

Yes (0)

Page 66

113)

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

in the National AIDS Commission (or equivalent)?

in the Ministry of Health?

ailleurs ? (L'unité de suivi évaluation est rattaché au Peogramme National de Lutte contre le VIH) Yes

- 114) **Number of permanent staff:**
Please enter an integer greater than or equal to 0
2
- 115) **Number of temporary staff:**
Please enter an integer greater than or equal to 0
0

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116) **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	Chef d'Unité	Full time	2008
Permanent staff 2	Assitant	Full time	2009
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			

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117) **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

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

Question 5.3 (continued)

IF YES, briefly describe the data-sharing mechanisms:

Des outils standardisés ont été produits et mis à disposition des structures de collecte des données. Tous les 5 du mois les responsables de chaque île envoi ces compilation de tous les districts et sorganisation de mise en oeuvre au niveau national. Ces responsables des îles effectuent des tournées dans structures qui n'ont pas transmis les rapports entre le 3 et le 4 du mois. Ils les compilent et les transmettent le 5. Au 6 si les îles n'ont pas transmis leur rapport, le responsable national de l'unité de suivi évaluation envoi des messages E-mail et téléphone, pour les avoir au plus tard le 8 du mois. Le 10 du mois, tous les rapports devront être compilés.

119)

What are the major challenges?

Problèmes de communication,insuffisance de supports dans les districts et organisations de collecte des données. D'où un grand problème de complétude et de promptitude des rapports.

Page 70

120)

Part A, Section V: MONITORING AND EVALUATION**6. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?**

Yes, but meets irregularly (0)

121)

6.1 Does it include representation from civil society?

Yes (0)

Page 71**122) 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:**

La société civile est représentée par deux membres qui participent pour la vérification des données issues des ONGs. Un consortium des ONGs est mis en place et se sont les représentants de cet organe qui siège au comité de validation des données. Mais cet organe fonction très difficilement. Rarement qu'il tient des réunions.

123)

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

No (0)

Page 73

124)

7.3 Is there a functional* Health Information System?

At national level Yes
 At subnational level Yes

Page 74

125)

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

No (0)

126)

9. To what extent are M&E data used

9.1 in developing / revising the national AIDS strategy?:

4 (4)

127)

Provide a specific example:

Elles sont utilisées notamment pour la détermination des cibles en fonction de l'atteinte des cibles antérieures.

128)

What are the main challenges, if any?

La non fiabilité des données et aussi le caractère ancien de ces dernières, surtout celles issues des enquêtes.

Page 75

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

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

2 (2)

Page 76

130)

Part A, Section V: MONITORING AND EVALUATION

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

2 (2)

131)

Provide a specific example:

Compte tenu de la faiblesse de l'unité de suivi-évaluation, les données contribues peu à l'amélioration du programme.

132)

What are the main challenges, if any?

Incomplètes et souvent non fiables

Page 77133) **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

134)

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 79135) **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

2

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

Please enter an integer greater than 0

6

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

Please enter an integer greater than 0

50

Page 80

138)

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

No (0)

Page 82

139)

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?**

3 (3)

140)

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

L'opérationnalisation de l'unité du PNLIS de suivi-évaluation, la formation des prestataires et des responsables au niveau insulaire.

141)

What are remaining challenges in this area:

La collecte et le traitement et transmission des données issues du niveau opérationnel

Page 83

142)

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

143)

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

144)

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

145)

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)

Page 89

146)

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

147)

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

148)

Part B, Section I. HUMAN RIGHTS

Question 6 (continued)

IF YES, describe some examples:

Dans le processus d'élaboration du projet de loi pour la protection des PVVIH, tous les moyens ont été donnés pour faciliter la participation des PVVIH dans le processus. Depuis la sélection du consultant international jusqu'à la validation du projet de loi. Le document final n'est pas encore soumis au parlement pour adoption.

149)

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

150)

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:

Un appui conséquent des partenaires permet de couvrir les besoins pour la prévention, le traitement, soins et soins.

151)

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

152)

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)

153)

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

Yes (0)

Page 94

154)

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

La constitution des Comores place toute la population sans distinction de sexe, d'age ou de catégorie sociale. Le code de la santé aussi esqt clair sur l'égalité d'acès de toute la population aux différents services de santé.

155)

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

156)

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

No (0)

157)

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

158)

– 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)

159)

– 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)

160)

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

No (0)

Page 99

161)

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)

162)

– Legal aid systems for HIV casework

No (0)

163)

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

No (0)

164)

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

No (0)

165)

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

Yes (0)

Page 100

166)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)

IF YES, what types of programmes?

Media	Yes
School education	No
Personalities regularly speaking out	Yes

Autres: insérer

Page 101

167)

Part B, Section I. HUMAN RIGHTS**Question 15 (continued)**

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

2 (2)

168)

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

C'est surtout l'élaboration du projet de loi et la formation des hommes de lois et la sensibilisation des parlementaires.

169)

What are remaining challenges in this area:

Le plaidoyer pour l'adoption du projet de loi par le parlement

Page 103

170)

Part B, Section II: CIVIL SOCIETY* PARTICIPATION

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

4 (4)

171)

Comments and examples:

De par sa participation à toutes les instances de coordination du pays sur le VIH, elle a pu faire avancer certaines décisions, notamment l'augmentation de l'apport financier de l'état à la réponse nationale. Aussi renforce la lutte contre la stigmatisation et permet de mettre le contact de certaines PVVIH entre elles ce qui pourra aboutir à la longue à la mise en place du réseau des PVVIH dans le pays.

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172)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

2. To what extent have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current

activity plan (e.g. attending planning meetings and reviewing drafts)?

4 (4)

173)

Comments and examples:

La société civile est partie prenante dans tous le processus d'élaboration des documents stratégiques sur le VIH.

Page 105

174)

a. the national AIDS strategy?

3 (3)

175)

b. the national AIDS budget?

2 (2)

176)

c. national AIDS reports?

3 (3)

177)

Comments and examples:

Malgré sa forte participation, il faut noter que la société civile comorienne manque encore d'expertise dans le domaine du VIH.

Page 106

178)

a. developing the national M&E plan?

3 (3)

179)

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

3 (3)

180)

c. M&E efforts at local level?

2 (2)

Page 107**181) 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)

182)

Comments and examples:

En l'absence du réseau des PVVIH, le PNLS trzavail avec certaines PVVIH. Des efforts ont été réalisés pour mettre en communication ces PVVIH qui se connaissent actuellement et travaillent avec le PNLS.

Page 108

183)

a. adequate financial support to implement its HIV activities?

3 (3)

184)

b. adequate technical support to implement its HIV activities?

3 (3)

185)

Comments and examples:

Le financement des activités à travers les subventions du fonds mondial et des autres partenaires. Mais au niveau de l'état aucun financement n'a été possible jusqu'à maintenant.

Page 109**186) 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	>75%
Prevention for most-at-risk-populations	
- Injecting drug users	
- 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)*
 Home-based care
 Programmes for OVC**

Page 110

187)

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)

188)

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

Renforcement des capacités des responsables des ONGS par la formation Appui en équipement des ONGs Encouragement à la participation des ONGs dans les activités de coordination, de conception et de suivi évaluation

189)

What are remaining challenges in this area:

Le faible niveau des membres et des responsables des ONGs

Page 111

190)

Part B, Section III: PREVENTION

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

Yes (0)

Page 112

191)

Part B, Section III: PREVENTION**Question 1 (continued)**

IF YES, how were these specific needs determined?

A travers l'analyse de la situation et l'évaluation du PSN

192)

1.1 To what extent has HIV prevention been implemented?

The majority of people in need
 have access

HIV prevention component

Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Agree
Condom promotion	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	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	Agree
HIV prevention in the workplace	Agree
Autres: insérer	Don't agree

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193)

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)

Page 114

194)

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

195)

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

IF YES, how were these specific needs determined?

Après l'estimation des cas par le spectrum, l'analyse de la situation

196)

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	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	Don't agree
TB infection control in HIV treatment and care facilities	Don't agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	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
Autres: insérer	Don't agree

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197)

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?

5 (5)

198)

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

La révision du protocole pour l'amélioration de la qualité de la prise en charge, Dotation des services de prise en charge en FCS compte Formation du personnel impliqué dans la prise en charge

199)

What are remaining challenges in this area:

Faible taux de dépistage Nombre de PVVIH suivies inférieur au nombre de cas dépistage Forte

Page 117

200)

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)