Survey Response Details

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Response Details

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1)   **Country**

Mozambique (0)

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

Dr Diogo Milagre

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7)   **Date of submission:**

Please enter in DD/MM/YYYY format

31/03/2010

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

The NCPI data-gathering process was agreed with the CNCS. This included relevant documents for desk review, organizations' representatives to be interviewed, and the timeline. Using the Guidelines on Construction of Core Indicators (UNAIDS 2009), a desk review of all key documents - policies, strategies, laws, guidelines, reports etc - related to the HIV response was conducted and key

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informants were interviewed. The UNAIDS standard questionnaire was used for these interviews. Key informants most knowledgeable about the specific topics were interviewed, including: • For Strategic Plan and Political Support sections: the CNCS's Deputy Executive Secretary, the CNCS's Planning Unit Coordinator, and the Head of the Ministry of Health's HIV and AIDS Programme. Also, the HIV Focal Points of the Ministries of Women and Social Action, Education, Youth and Sports and Justice. • For Monitoring and Evaluation section: the CNCS's M&E Unit Manager and the Ministry of Health's M&E Unit Manager. • For Human Rights questions: Ministry of Justice's HIV Advisor; representatives of human rights and other civil society organizations (Liga dos Direitos Humanos, Forum Mulher). • For Civil Society Participation section: key representatives of major civil society organizations working in the area of HIV. These specifically include representatives from networks of people living with HIV (RENSIDA, Kindlimuka and Kuyakana) and from most-at-risk populations (Lambda) as well as the private sector (Ecosida). • For Prevention and Treatment, Care and Support sections: HIV and AIDS Department's Head of the Ministry of Health and implementing agencies/organizations in those areas (Centre for Diseases Control, Pathfinder International), including nongovernmental organizations and networks of people living with HIV. UN Agencies (WHO, UNAIDS, UNFPA) provided inputs on Human Rights, Civil Society Participation and Prevention and Treatment, Care and Support. Interviews were conducted during the months of December 2009 and January 2010. A final workshop with key stakeholders – involving representatives from civil society organizations working in the area of HIV, including representatives from groups of people living with HIV and from most-at-risk and other vulnerable populations - will be organized to present, discuss and validate the NCPI responses and the write-up of the findings. This workshop will review the results from the last reporting round highlighting changes since that time and focus on validation of the NCPI data.

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

No fundamental disagreements were noted in the responses to questions.

10)

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

There are some concerns related to the NCPI trend analysis through the years 2003-2009, that can lead to misinterpretation. This is the case of issues related to Monitoring and Evaluation, which in the current report, were rated lower than in the previous period (2006-2007), while the prevailing opinion is that important progress was made recently. The reason for this seems to reside simply on subjective points of view, given that interviewees were different in different reporting periods.

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11)

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

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 1	NAC (CNCS)	Diogo Milagre/Deputy Executive Secretary	A.I, A.II, A.III, A.IV

12)

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each

	Organization	Names/Positions	[respondent was queried on]
Respondent 2	NAC (CNCS)	Pascoa Themba/ Planning Unit Coordinator	A.I, A.II, A.III, A.IV
Respondent 3	NAC (CNCS)	Gloria Leite/M&E Unit Manager	A.V
Respondent 4	Ministry of Health	Ema Chuva/ HIV & AIDS	A.I, A.III, A.IV, A.V
Respondent 5	Ministry of Health	Daniel Lee/ M&A Unit Advisor	A.III, A.IV, A.V
Respondent 6	Ministry of Health	Caroline Soi/ HIV & AIDS Advisor	A.IV
Respondent 7	Ministry of Health	Célia Gonçalves/M&A Unit, Manager	A.V
Respondent 8	Ministry of Women and Social Action	Angela Ussivane/M&E Advisor for OVCs	A.I, A.II, A.IV
Respondent 9	Ministry of Education	Teodora Cassamo/ Dept. of School Health & HIV, Chief	A.I, A.II
Respondent 10	Ministry of Youth and Sports	Cacilda Machiana/ Sexual & Reproductive Health, Adolescents and Youth, National Coordinator	A.I, A.II
Respondent 11	Ministry of Justice	Alcindo Gimo/HIV Advisor	A.I, A.II
Respondent 12			
Respondent 13			
Respondent 14			
Respondent 15			
Respondent 16			
Respondent 17			
Respondent 18			
Respondent 19			
Respondent 20			
Respondent 21			
Respondent 22			
Respondent 23			
Respondent 24			
Respondent 25			

13)

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

and UN organizations]

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 1	UNAIDS	Abigail David/Partnerships Advisor	B.I, B.II, B.III, B.IV

14)

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 2	WHO	Abdou Moha/ HIV Team Leader	B.I, B.II, B.III, B.IV
Respondent 3	WHO	Paula Libombo/ PMTCT Coordinator	B.I, B.II, B.III, B.IV
Respondent 4	UNFPA	Fernanda Mausse /Sexual & Reproductive Health/HIV & AIDS, Programme Officer	B.I, B.II
Respondent 5	CDC	Lisa Nelson/ Country Director	B.II, B.III, B.IV
Respondent 6	Pathfinder International	Julio Pacca/Coordinator	B.I, B.II, B.III, B.IV
Respondent 7	RENSIDA	Maltês Mabuie/ Programme Manager	B.I, B.II, B.III, B.IV
Respondent 8	Kindlimuka	Amós Sibanda/ President	B.I, B.II, B.III, B.IV
Respondent 9	Kuyakana	Gabriel Mutambi/ Programme Officer	B.I, B.II, B.III, B.IV
Respondent 10	Kuyakana	Tivo Tamele/Programme manager	B.I, B.II, B.III, B.IV
Respondent 11	Lambda	Danilo Silva/ President	B.I, B.II, B.III
Respondent 12	Liga dos Direitos Humanos	Miguel Macamo/ Human Resources, Director	B.I
Respondent 13	Forum Mulher	Maira Domingos/ Sexual & Reproductive Rights Program Coordinator	B.I
Respondent 14	EcoSIDA	Cornélio Balane/ Executive Director	B.I, B.II, B.III, B.IV
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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15)

Part A, Section I: STRATEGIC PLAN

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

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

   Yes (0)

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

Question 1 (continued)
Period covered:
   2009-2010

17)

1.1 How long has the country had a multisectoral strategy?

Number of Years
   9

18)

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

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

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

Question 1.2 (continued)
If "Other" sectors are included, please specify:

   All the other sectors

Page 9

20)

Part A, Section I: STRATEGIC PLAN

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

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

21)

1.4 Were target populations identified through a needs assessment?

   Yes (0)

Page 10

22)

Part A, Section I: STRATEGIC PLAN

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

Please enter the year in yyyy format

2008

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23)

Part A, Section I: STRATEGIC PLAN

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

• Sex workers, their clients and partners; • Injecting drug users and their partners; • Men who have sex with men; • Men and women with multiple sex partners; • People living with HIV's partners; • Male inmates; • Street kids.

24)

1.6 Does the multisectoral strategy include an operational plan?

Yes (0)

25)

1.7 Does the multisectoral strategy or operational plan include:

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

26)

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

Active involvement (0)

Page 12

27)

Part A, Section I: STRATEGIC PLAN

Question 1.8 (continued)
IF active involvement, briefly explain how this was organised:

Civil Society organizations' representatives have been involved in all eight different thematic working groups that were setup for the development of the multisectoral strategy.

28)

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

Yes (0)

29)

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

Yes, all partners (0)

Page 14

30)

Part A, Section I: STRATEGIC PLAN

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

Yes (0)

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31)

Part A, Section I: STRATEGIC PLAN

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

a. National Development Plan	Yes
b. Common Country Assessment / UN Development Assistance Framework	Yes
c. Poverty Reduction Strategy	Yes
d. Sector-wide approach	Yes
e. Other: PES, Government's 5 year plan, MDGs	Yes

32)

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

HIV-related area included in development plan(s)	
HIV prevention	Yes
Treatment for opportunistic infections	Yes
Antiretroviral treatment	Yes
Care and support (including social security or other schemes)	Yes
HIV impact alleviation	Yes
Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support	Yes
Reduction of income inequalities as they relate to HIV prevention/treatment, care and/or support	Yes
Reduction of stigma and discrimination	Yes
Women's economic empowerment (e.g. access to credit, access toland, training)	Yes
Other: Please specify	

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33)

Part A, Section I: STRATEGIC PLAN

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

No (0)

Page 17

34)

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

Yes (0)

Page 18

35)

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	Yes
HIV testing and counselling	Yes
Sexually transmitted infection services	Yes
Antiretroviral treatment	Yes
Care and support	Yes
Other: Please specify	

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36)

Part A, Section I: STRATEGIC PLAN

Question 4.1 (continued)
If HIV testing and counselling *is provided* to uniformed services, briefly describe the approach taken to HIV testing and counselling (e.g, indicate if HIV testing is voluntary or mandatory etc):

HIV testing is voluntary. It is offered to military and police within their respective premises and implemented by activists recruited among staff and adequately trained.

37)

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

Yes (0)

Page 20

38)

Part A, Section I: STRATEGIC PLAN

5.1 *IF YES*, for which subpopulations?

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

39)

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

• Dissemination of information on their existence • Support Units (Gabinetes de Atendimento) to Women and Children victims of violence integrated into police stations • Workplace HIV policies

40)

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

Given their recent inception, it is certainly reduced. Gabinetes de Atendimento operate mainly in urban areas.

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41)

Part A, Section I: STRATEGIC PLAN

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

Yes (0)

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42)

Part A, Section I: STRATEGIC PLAN

6.1 *IF YES,* for which subpopulations?

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

43)

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

The law on Domestic violence against Women, 2009 (Lei sobre a Violência Doméstica praticada contra a Mulher) states that domestic violence constitutes a public crime. It aims at protecting the physical, moral, psychological, patrimonial and sexual integrity of women, against any form of violence practiced by sexual partners or relatives. The law of the Defence of the Rights and Fight against Discrimination and Stigmatisation of people living with HIV, (law nr. 12/2009), encompasses anti-discrimination measures, the right to privacy, delivery of free treatment by the state, the duty of education on HIV, including through school curricula, and the protection of the rights of property on the part of women.

44)

Briefly comment on how they pose barriers:

Penal Code (art. 70 e 71) – criminalises "vices against nature" – could be interpreted as homosexuality and sex work. However, there are no known reports of the application of this provision. Law of the Defence of the Rights and Fight against Discrimination and Stigmatisation of People living with HIV, and the Law on Domestic Violence against Women – both criminalise "conscious transmission of HIV" (art.52 and art. 18, respectively). The first also admits compulsory HIV testing ordered by police in cases of sexual crimes

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45)

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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46)

Part A, Section I: STRATEGIC PLAN

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

No (0)

47)

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

No (0)

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48)

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)

49)

    7.4 Is HIV programme coverage being monitored?

Yes (0)

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50)

Part A, Section I: STRATEGIC PLAN

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

Yes (0)

51)

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

No (0)

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

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

Yes (0)

Page 29

53)

Part A, Section I: STRATEGIC PLAN

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

Provincial and district levels

54)

Briefly explain how this information is used:

Needs estimation and scale up planning

55)

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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56)

Part A, Section I: STRATEGIC PLAN

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

8 (8)

57)

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

Formulation of the PEN III draft

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58)

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

59)

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

60)

2.1 IF YES, when was it created?

Please enter the year in yyyy format
  2000

61)

2.2 IF YES, who is the Chair?

Name	Aires Ali
Position/title	Prime Minister

62)

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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63)

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
  13

64)

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

  5

65)

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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66)

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

67)

Part A, Section II: POLITICAL SUPPORT

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

• Consensus reached and established in Memorandum of Understanding and Code of Conduct between CNCS and Partners • Partners Forum • Emergence of new organisations (workplace – EcoSIDA; partners' coordination – MONASO and NAIMA) • Civil Society organisations' national conference held in collaboration with CNCS.

68)

Briefly describe the main challenges:

• Need to improve coordination among each of the stakeholders • Expansion of the existing and functional mechanism at central level to provincial and district levels

69)

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

Information on priority needs	Yes
Technical guidance	Yes
Procurement and distribution of drugs or other supplies	No

Coordination with other implementing partners   Yes
Capacity-building   Yes
Other: Please specify

70)

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

No (0)

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71)

Part A, Section II: POLITICAL SUPPORT

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

8 (8)

72)

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

• Greater visibility of politicians addressing HIV issues • Formulation of several plans and studies aimed at better understanding the epidemics • Production of HIV knowledge kit aimed at district level authorities

73)

What are remaining challenges in this area:

• Need for higher allocation of resources • Lack of human resources at district level

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74)

Part A, Section III: PREVENTION

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

Yes (0)

Page 40

75)

Part A, Section III: PREVENTION

1.1 IF YES, what key messages are explicitly promoted?

Check for key message explicitly promoted (multiple options allowed)

a. Be sexually abstinent (0)

b. Delay sexual debut (0)

c. Be faithful (0)

d. Reduce the number of sexual partners (0)

e. Use condoms consistently (0)

f. Engage in safe(r) sex (0)

g. Avoid commercial sex (0)

j. Fight against violence against women (0)

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

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

n. Know your HIV status (0)

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

76)

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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77)

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)

78)

2.1 Is HIV education part of the curriculum in:

primary schools?	Yes
secondary schools?	Yes
teacher training?	Yes

79)

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

   Yes (0)

80)

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

   Yes (0)

81)

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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82)

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

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

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

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83)   **Part A, III. PREVENTION**

Question 3.1 (continued)
You have checked one or more policy/strategy for "Other populations". Please specify what are "other populations".

   People living with HIV Truck drivers

Page 44

84)

Part A, III. PREVENTION

Question 3.1 (continued)
Overall, how would you rate the policy efforts in support of HIV prevention in 2009?

   8 (8)

85)

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

   Application for GFATM funding Involvement of all stakeholders

86)

What are remaining challenges in this area:

   Sustainability Allocation of more domestic financial resources

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87)

Part A, III. PREVENTION

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

   Yes (0)

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88)

Part A, III. PREVENTION

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

   Based on: • Strategy for the Acceleration of Prevention • Sentinel surveillance study, 2007 • Modes
   of Transmission study

89)

4.1 To what extent has HIV prevention been implemented?

	The majority of people in need have access
HIV prevention component	
Blood safety	Don't agree

Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Don't agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Agree
Condom promotion	Agree
HIV testing and counselling	Don't agree
Harm reduction for injecting drug users	N/A
Risk reduction for men who have sex with men	N/A
Risk reduction for sex workers	Don't agree
Reproductive health services including sexually transmitted infections 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	Don't agree
Other: please specify	

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90)

Part A, III. PREVENTION

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

6 (6)

91)

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

• Better guidance and establishment of flows • Community counseling and testing

92)

What are remaining challenges in this area:

• Improving implementation capacity • More financial resources needed • Scaling up of activities

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93)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

Yes (0)

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94)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1.1 IF YES, does it address barriers for women?

Yes (0)

95)

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

Yes (0)

96)

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

Yes (0)

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97)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

On the basis of: • Surveillance studies • HIV demographic impact of HIV

98)

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

	The majority of people in need have access
HIV treatment, care and support service	
Antiretroviral therapy	Don't agree
Nutritional care	Don't agree
Paediatric AIDS treatment	Don't agree
Sexually transmitted infection management	Don't 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	Don't 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	

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   Don't agree
arrangements)

Other: please specify

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99)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

   Yes (0)

100)

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

   No (0)

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101)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?

   8 (8)

102)

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

   • ARV treatment o Wide scaling up o Decentralisation and integration into the health network system o Quality control program • Provision of nutritional support to People living with HIV, in need (cesta básica) • Integration of HIV issues into the health training institutions' curricula

103)

What are remaining challenges in this area:

   • Human resources shortage • Strengthening M&E systems • Clinical quality • HBC management • Adherence – psycho-social support

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Page 54

104)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

5. Does the country have a policy or strategy to address the additional HIV-related

needs of orphans and other vulnerable children?

Yes (0)

Page 55

105)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

Yes (0)

106)

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

Yes (0)

107)

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

Yes (0)

Page 56

108)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 5.3 (continued)
IF YES, what percentage of orphans and vulnerable children is being reached?
Please enter the rounded percentage (0-100)

30

109)

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

8 (8)

110)

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

• 22 per cent of households with OVC receive external support ; • 27 per cent of the estimated number of OVC were reached with at least three basic services; • A Multi-Sectoral Technical Working Group on OVC with provincial and district representation running regularly; • Production of the Management Guide for the Community Committees for the Protection of the OVC.

111)

What are remaining challenges in this area:

• Increase capacity in terms of staff numbers and qualifications as well as budget allocations so as to Increase coverage.

Page 57

112)

Part A, Section V: MONITORING AND EVALUATION

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

Yes (0)

Page 58

113)

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

2009

114)

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

2010

115)

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

Yes (0)

116)

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

Yes (0)

117)

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

Yes, but only some partners (0)

Page 59

118)

Part A, Section V: MONITORING AND EVALUATION

Question 1.4 (continued)
IF YES, but only some partners or IF NO, briefly describe what the issues are:

CNCS advocacy addressed at partners for alignment and harmonization to the M&E requirements has not been effective. Some partners still did not realize about its importance.

Page 60

119)

Part A, Section V: MONITORING AND EVALUATION

2. Does the national Monitoring and Evaluation plan include?

a data collection strategy	Yes
a well-defined standardised set of indicators	Yes
guidelines on tools for data collection	Yes
a strategy for assessing data quality (i.e., validity, reliability)	Yes
a data analysis strategy	Yes
a data dissemination and use strategy	Yes

Page 61

120)

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

121)

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

Yes (0)

Page 62

122)

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".

6

123)

3.2 IF YES, has full funding been secured?

No (0)

124)

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

Yes (0)

Page 64

125)

Part A, Section V: MONITORING AND EVALUATION

Question 3.2 (continued)
IF you answer "NO" i.e., indicating the full funding has NOT been secured, briefly describe the challenges:

Need to mobilise resources so as to ensure the remaining 25% of the budget not covered yet.

126)

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

Yes (0)

Page 65

127)

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:

Annually. It involves inquiries to the implementing partners. Although not specific, the Annual Common Evaluation (ACA) also assesses M&E.

128)

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

Yes (0)

Page 66

129)

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

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

130) **Number of permanent staff:**

Please enter an integer greater than or equal to 0

83

131) **Number of temporary staff:**

Please enter an integer greater than or equal to 0

11

Page 67

132)

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 Manager	Full time	2009
Permanent staff 2	M&E Officers (4)	Full time	2009
Permanent staff 3	M&E Assistants (11)	Full time	2009
Permanent staff 4	M&E District technician (67)	Full time	2009
Permanent staff 5			
Permanent staff 6			
Permanent staff 7			
Permanent staff 8			
Permanent staff 9			
Permanent staff 10			
Permanent staff 11			
Permanent staff 12			
Permanent staff 13			
Permanent staff 14			
Permanent staff 15			

133)

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	Data base Assistant (11)	Part time	2004
Temporary staff 2			
Temporary staff 3			
Temporary staff 4			
Temporary staff 5			
Temporary staff 6			
Temporary staff 7			
Temporary staff 8			
Temporary staff 9			
Temporary staff 10			
Temporary staff 11			
Temporary staff 12			
Temporary staff 13			
Temporary staff 14			
Temporary staff 15			

Page 68

134)

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

135)   ### Part A, Section V: MONITORING AND EVALUATION

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

• Dissemination through the CNCS website • Meetings of the M&E Technical Group • Reports sent quarterly to Provincial Nucleus and from these to the partners

136)

What are the major challenges?

Non compliance with the protocols used as well as with the deadlines for data/reports submission.

Page 70

137)

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)

138)

6.1 Does it include representation from civil society?

Yes   (0)

Page 71

139)   **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 networks o national – MONASO o international – NAIMA o People living with HIV – RENSIDA • NGOs o FDC o N'weti o PSI They participate in the decision-making on issues related to their respective area of work.

140)

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

Yes   (0)

Page 72

141)

Part A, Section V: MONITORING AND EVALUATION

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

National Response Information System (Sistema de Informação da Resposta Nacional): At central level, there is a manager and an assistant, while at each of the 11 provinces, there is a manager assisted by data entry technicians. Data is collected at provincial level (it is still in the process of expansion to the district level) with support from key partners and synthesised and evaluated at central level.

142)

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

143)

7.3 Is there a functional* Health Information System?

At national level   Yes

At subnational level Yes

Page 74

144)   **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)?

Provincial and district

145)

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

Yes (0)

146)

9. To what extent are M&E data used

9.1 in developing / revising the national AIDS strategy?:

3 (3)

147)

Provide a specific example:

The current revision of the national strategy is mainly informed by recent studies (Modes of Transmission, Data Triangulation) including vast amounts of M&E data

148)

What are the main challenges, if any?

Extensive gaps, such as the lack of population based prevalence surveillance studies as well as the lack of information on most-at-risk subpopulations sizes and prevalences. The system is still weak and needs extensive strengthening

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Page 75

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

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

2 (2)

150)

Provide a specific example:

ART therapy and PMTCT are most needed in the central region of the country. However, it is in the southern region where most resources were invested in these areas so far.

151)

What are the main challenges, if any?

There is a need for improvement of data quality and a better data dissemination

---

Page 76

152)

Part A, Section V: MONITORING AND EVALUATION

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

2 (2)

153)

Provide a specific example:

Decisions and guidelines on the implementation of income generation programmes are now informed on M&E data. This has considerably improved their results and quality

154)

What are the main challenges, if any?

M&E concepts and use need to be widely disseminated. Data is not consistently used for daily management in the decision making process by all stakeholders. Funding for M&E needs to be timely.

Page 77

155) ### 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

156)

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?	No

Page 79

157) **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

62

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

Please enter an integer greater than 0

29

Page 80

159)

Part A, Section V: MONITORING AND EVALUATION

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

Yes (0)

Page 81

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

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

Best practices' experiences sharing

Page 82

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

Question 10.2 (continued)
Overall, how would you rate the M&E efforts of the HIV programme in 2009?

6 (6)

162)

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

• Integrated Plan • Database development • Indicators harmonization

163)

What are remaining challenges in this area:

Compliance with the Integrated Plan on the part of all stakeholders, namely on the continuous feeding of the CNCS's information system.

Page 83

164)

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

165)

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:

Law nr. 5/2002 : Non-discrimination of PLWH in the workplace Law of the Defence of the Rights and Fight against Discrimination and Stigmatisation of PLWH (law nr. 12/2009)

166)

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

Yes (0)

Page 85

167)

Part B, Section I. HUMAN RIGHTS

2.1 *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	Yes
g. Migrants/mobile populations	No
Other: PLWH , workers, elderly people, disabled people	Yes

168)

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

• Dissemination of information about their existence; • Support Units (Gabinetes de Atendimento) to Women and Children victims of violence integrated into police stations; • Civil society organizations that assume responsibilities similar to the Gabinetes de Atendimento; • Workplace HIV policies

169)

Briefly describe the content of these laws:

The law nr. 5/2002 on non-discrimination of PLWHIV in the workplace states the key principles aiming at ensuring that workers and employment candidates are not discriminated in the workplace on the basis of their HIV status. The law of the Defence of the Rights and Fight against Discrimination and Stigmatisation of PLWH (law nr. 12/2009), encompasses anti-discrimination measures, the right to privacy, delivery of free treatment by the state, the duty of education on HIV, including through school curricula, and the protection of the rights of property on the part of women A special regulation establishes that youngsters participating as Peer Educators/Activistas are exempt of secondary school fees payment.

170)

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

• The law nr. 5/2002 is limited to the formal sector and its enforcement has been weak, due to the lack of a corresponding regulation (Regulamento). • Given its recent inception, law nr. 12/2009 is not well known • Gabinetes de Atendimento operate mainly in urban areas. • The regulation concerning Peer Educators/Activistas is fully implemented.

Page 86

171)

Part B, Section I. HUMAN RIGHTS

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

Yes   (0)

Page 87

172)

Part B, Section I. HUMAN RIGHTS

3.1 *IF YES,* for which subpopulations?

a. Women	Yes
b. Young people	Yes
c. Injecting drug users	No

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

173)

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

The law on Domestic violence against Women, 2009 (Lei sobre a Violência Doméstica praticada contra a Mulher) states that domestic violence constitutes a public crime. It aims at protecting the physical, moral, psychological, patrimonial and sexual integrity of women, against any form of violence practiced by sexual partners or relatives.

174)

Briefly comment on how they pose barriers:

The law on Domestic violence against Women (2009) criminalises "conscious transmission of HIV" (art. 18). The Law of the Defence of the Rights and Fight against Discrimination and Stigmatisation of PLWHA also criminalises "conscious transmission of HIV" (art.52). The Penal Code criminalises" vices against nature" (art. 70 e 71) that could be interpreted as homosexuality and sex work. However, there are no known reports of the application of this norm.

Page 88

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

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

Yes   (0)

Page 89

176)

Part B, Section I. HUMAN RIGHTS

Question 4 (continued)
IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:

Human rights' protection of PLWH and their dependents on the basis of justice and social equity is a specific objective of the National Strategic Plan (PEN II). Strategic actions proposed for this aim include using the legal framework to enforce non-discrimination measures and protect the rights of PLWH. The CNCS's Legal Unit was mandated to deal with these matters. Also, specific units would be setup in different parts of the country to provide legal support to PLWH.

177)

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

Yes (0)

Page 90

178)

Part B, Section I. HUMAN RIGHTS

Question 5 (continued)
IF YES, briefly describe this mechanism:

• Support Units (Gabinetes de Atendimento) to Women and Children victims of violence integrated into police stations • NGOs – Liga dos Direitos Humanos, Muleide, Kuyakana, Rensida, Monaso, etc. • Ministry of Work – Work Inspection (Inspecção do Trabalho)

179)

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)

Page 91

180)

Part B, Section I. HUMAN RIGHTS

Question 6 (continued)
IF YES, describe some examples:

• Inclusion of civil society representatives, including from PLWH networks, into CNCS's different bodies and working groups and their participation in policy design and program implementation. • Other bodies – CNCS' Partner Forum, GFATM Country Coordinating Mechanism – also include PLWH

181)

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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182)

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:

• Integration of HIV services into primary health care services, including PMTCT, Counselling and Testing, ARV treatment, Youth-friendly services, and Home–based Care. • Ministry of Health supplies basic nutritional support (cesta básica) to PLWH initiating ARV treatment. • ARV treatment and Home–based Care are still far from contemplating all those in need.

183)

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

184)

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)

185)

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

186)

Part B, Section I. HUMAN RIGHTS

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

Not a policy as such, but in practice there are efforts to ensure equal access, as explained below

187)

9.1 IF YES, does this policy include different types of approaches to ensure equal access for different most-at-risk populations and/or other vulnerable sub-populations?

Yes (0)

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188)

Part B, Section I. HUMAN RIGHTS

Question 9.1 (continued)
IF YES, briefly explain the different types of approaches to ensure equal access for different populations:

Different approaches were designed for different populations: • HIV Youth friendly services (Serviços de Apoio a Adolescentes e Jovens - SAAJ); • Night clinics for sex workers and truck drivers; • CT for military and police; • CT for inmates within prisons; • High mobility people (miners and truck drivers) specific programs. Their extent however, varies widely from around three million youth visiting CT sites in 2009, or more than half the military force counselled and tested so far, to much more reduced interventions amongst inmates or miners.

189)

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

Yes (0)

190)

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

Yes (0)

Page 96

191)

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

192)

– 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)

193)

– Focal points within governmental health and other departments to monitor HIV-related human rights abuses and HIV-related discrimination in areas such as housing and employment

Yes (0)

194)

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

No (0)

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195)

Part B, Section I. HUMAN RIGHTS

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

Liga dos Direitos Humanos MULEIDE Forum Mulher Centro de Integridade Pública Work Inspection (Inspecção do Trabalho)

Page 99

196)

Part B, Section I. HUMAN RIGHTS

13. In the last 2 years, have members of the judiciary (including labour courts/ employment tribunals) been trained/sensitized to HIV and human rights issues that may come up in the context of their work?

No (0)

197)

– Legal aid systems for HIV casework

No (0)

198)

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

No (0)

199)

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

Yes (0)

200)

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

Yes   (0)

Page 100

201)

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: Workplace	Yes

Page 101

202)

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?

7 (7)

203)

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

• Law of the Defence of the Rights and Fight against Discrimination and Stigmatisation of PLWHA (law nr. 12/2009) • Law on Domestic Violence against Women

204)

What are remaining challenges in this area:

• Monitoring and enforcement mechanisms need to be strengthened. • Need to review both laws concerning criminalisation of the transmission. • Need to create laws contemplating MSM, SW, and IDU.

Page 102

205)

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?

5 (5)

206)

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

• Political will has been built. • There is a good relationship between government and civil society in this regard.

207)

What are remaining challenges in this area:

• Need to create a set of rules (Regulamento) for law nr. 12/200, including penalties, for its enforcement. • Need to disseminate information, since the majority of the population is not aware of these laws. • Need of greater involvement at grassroots level, including through existing structures (traditional and administrative)

Page 103

208)

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)

209)

Comments and examples:

• Civil society increasingly wide participation in CNCS activities, including the formulation of the PEN III. Also, participation in the formulation and proposal of laws. • The Law on Domestic Violence against Women was proposed by civil society (Forum Mulher) • The first National HIV Meeting in 2008 was organized by civil society (Monaso).

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210)

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)?
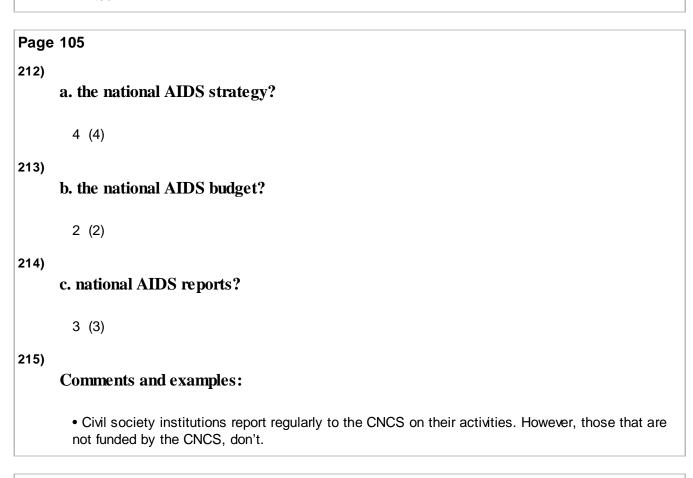
3 (3)

211)

Comments and examples:

Ample involvement and participation of civil society in several fundamental strategies and studies – Data Triangulation, PEN III, etc. Civil society involvement relatively to the M&E Plan however, was

limited.

Page 105

212)

a. the national AIDS strategy?

4 (4)

213)

b. the national AIDS budget?

2 (2)

214)

c. national AIDS reports?

3 (3)

215)

Comments and examples:

• Civil society institutions report regularly to the CNCS on their activities. However, those that are not funded by the CNCS, don't.

Page 106

216)

a. developing the national M&E plan?

3 (3)

217)

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

3 (3)

218)

c. M&E efforts at local level?

3 (3)

219)

Comments and examples:

• CNCS has promoted training on M&E contemplating also the civil society. • The CNCS's Reference Group for M&E need to get greater involvement of civil society. • CNCS created an M&E national sub-system for the private sector. • At local level, resources and capacities on M&E still need to be strengthened.

Page 107

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

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

   3 (3)

221)

Comments and examples:

Sex workers and other minority groups not involved yet.

Page 108

222)

a. adequate financial support to implement its HIV activities?

   2 (2)

223)

b. adequate technical support to implement its HIV activities?

   3 (3)

224)

Comments and examples:

Although sufficient funding has been available for HIV activities, CNCS has not had the capacity to adequately coordinate and manage its disbursements. Committed funds were not all used due to challenges in coordination, delays in actual disbursements, etc. This has led to the shift of funding through UNDP/UNAIDS/World Bank (Fundo dos Resultados Rápidos para o HIV) instead of CNCS as in the past.

Page 109

225) **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	
- 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   >75%
Programmes for OVC**   51-75%

Page 110

226)

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)

227)

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

Extensive involvement of civil society in the formulation of strategies and studies –Data Triangulation, PEN III.

228)

What are remaining challenges in this area:

• Civil society participation still needs to be strengthened, namely on planning, and oversight and monitoring of the response. • Mechanisms and management of financial support need to be clear and well known by civil society • Involvement of most-at-risk populations needs to be strengthened

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Page 111

229)

Part B, Section III: PREVENTION

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

Yes (0)

Page 112

230)

Part B, Section III: PREVENTION

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

Estratégia de Aceleração da Prevenção, 2008

231)

1.1 To what extent has HIV prevention been implemented?

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

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232)

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)

233)

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

  • Formulation of the Prevention Acceleration Strategy (Estratégia de Aceleração da Prevenção) and the PEN III; • Setting up of the Communication Working Group; • Consolidation of PMTCT and Youth programmes; • CT expansion; • Integration of Family Planning into HIV; • Increased condom promotion

234)

What are remaining challenges in this area:

  • Male circumcision and inherent surgical capacity; • Programmes need to reflect the diversity of the epidemic; • Counselling and testing services still very limited; • Need to strengthen programmes aimed at Most-at-risk groups; • High mobility populations need to be better targeted.

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235)

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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236)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

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

On the basis of: Surveillance studies HIV demographic impact of HIV

237)

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	Don't agree
Nutritional care	Don't agree
Paediatric AIDS treatment	Don't agree
Sexually transmitted infection management	Don't 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	Don't 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	Don't agree
HIV care and support in the workplace (including alternative working arrangements)	Don't agree
Other: please specify	

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238)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

Question 1.1 (continued)

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?

8 (8)

239)

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

• Exponential scaling up of ARV treatment and its integration into primary health care services • Provision of nutritional support to PLHIV in need (cesta básica)

240)

What are remaining challenges in this area:

• Further scaling up of ARV treatment so as to increase access, mainly in rural areas and in the north of the country; • Quality control

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241)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

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

Yes (0)

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242)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

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

Yes (0)

243)

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

Yes (0)

244)

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

Yes (0)

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245)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

Question 2.3 (continued)
IF YES, what percentage of orphans and vulnerable children is being reached?

Please enter the percentage (0-100)
   30

246)

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

   6 (6)

247)

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

• Establishment of a multi-sectoral Group for orphans and other vulnerable children, with representation at provincial level, in the sphere of the implementation of the National Plan; • Legal progress.

248)

What are remaining challenges in this area:

• Review of the National Plan; • Scaling up services, • Integration of services into a wider social protection umbrella including ARV therapy (cesta básica) and elderly people (many of them care for OVC).