

Survey Response Details

Response Information

Started: 3/23/2010 11:37:00 AM
Completed: 3/31/2010 2:39:04 PM
Last Edited: 3/31/2010 2:39:04 PM
Total Time: 8.03:02:03.9370000

User Information

Username: ce_CI
Email:

Response Details

Page 1

- 1) **Country**
Côte d'Ivoire (0)
- 2) **Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:**
GUELLA MICHEL
- 3) **Postal address:**
04 BP 2113 ABIDJAN 13
- 4) **Telephone:**
Please include country code
(225)20 21 08 34
- 5) **Fax:**
Please include country code
(225)20 21 08 34
- 6) **E-mail:**
michel_guella@yahoo.fr
- 7) **Date of submission:**
Please enter in DD/MM/YYYY format
25/03/2010

Page 3

- 8) **Describe the process used for NCPI data gathering and validation:**
La partie A de l'indice a été collectée par une équipe issue de la direction de la planification et du Suivi Evaluation du ministère de la lutte contre le sida. La partie B a été collectée par une équipe technique issue de la société civile. Un guide de collecte des données a été utilisé pour les deux parties. Ce guide de collecte a été élaboré sur la base des directives pour l'élaboration des

indicateurs de base UNGASS proposé par ONUSIDA. La validation des données de l'indice composite partie B s'est faite au cours d'un atelier qui a enregistré la participation des représentants des différentes structure de la société civile à savoir Conseil des Organisations de lutte contre le Sida (COSCI), Réseau Ivoirien des Organisations de personnes vivant avec le VIH (RIP+), Réseau Ivoirien des jeunes contre le Sida (RIJES), Fédération des mouvements et associations de jeunesse d'enfance de Côte d'Ivoire (FEMAJEI), Alliances des religieux engagés dans la lutte contre le sida et les autres pandémies (ARSIP), Réseau des professionnels des médias, des arts et des sports de lutte contre le sida et les autres pandémies en Côte d'Ivoire (REPMASCI) La validation des données de l'indice composite de la partie A a été faite par l'unité de suivi Evaluation, le directeur de la direction de la planification et du Suivi Evaluation; et les responsables du ministère de la lutte contre le sida. La méthodologie a consisté à lire chaque question, à avoir le même niveau de compréhension et à donner des réponses consensuelles et à l'unanimité. Aucune réponse n'a fait l'objet de blocage de réponses. Les travaux du rapport ont porté sur les quatre points de l'indice composite partie A et B.

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

En cas de désaccord l'équipe se référerait au document de référence en la matière ainsi que les personnes clés qui connaissent au mieux la question. Aucune réponse n'a fait l'objet de blocage de réponses véritables.

10)

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

Rien à signaler

Page 4

11)

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

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 1	Ministère de la lutte contre le sida	GUELLA MICHEL Directeur de la planification et du Suivi Evaluation	A.I, A.II, A.III, A.IV, A.V

12)

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 2	Ministère de la lutte contre le sida	EVELYNE EHUA responsable du groupe technique de travail sur la prévention	A.III
Respondent 3	Ministère de la lutte contre le sida	TIA YAO GBOKO Sous directeur de la planification	A.I, A.II, A.III, A.IV, A.V
Respondent 4	Ministère de la lutte contre le sida	Diabaté Conombo Joséphine Directrice chargée du secrétariat Technique chargé de la coordination Opérationnelle	A.I, A.II, A.III, A.IV, A.V

Respondent 5	Ministère de la lutte contre le sida	Kouhon Hyppolite SIHI Sous directeur du Suivi Evaluation	A. I, A. II, A. III, A. IV, A. V
Respondent 6	Ministère de la lutte contre le sida	THIAM Marguerite Directrice du programme des population Hautement Vulnérable	A. I, A. II, A. III, A. IV, A. V
Respondent 7	Ministère de la lutte contre le sida	SON JEROME Chargé d'etudes Ministère de la lutte contre le sida	A. I, A. II, A. III, A. IV, A. V
Respondent 8	Ministère de la lutte contre le sida	ESSIS LORNG JEAN CLAUDE Chargé d'etudes Ministère de la lutte contre le sida	A. I, A. II, A. III, A. IV, A. V
Respondent 9	Ministère de la lutte contre le sida	EBA KOUASSI EUGENE Chargé d'etudes Ministère de la lutte contre le sida	A. I, A. II, A. III, A. IV, A. V
Respondent 10			
Respondent 11			
Respondent 12			
Respondent 13			
Respondent 14			
Respondent 15			
Respondent 16			
Respondent 17			
Respondent 18			
Respondent 19			
Respondent 20			
Respondent 21			
Respondent 22			
Respondent 23			
Respondent 24			
Respondent 25			

13)

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

Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent Conseil des Organisations de	SEKA Etda/Responsable	I I I II I III I IV

1	lutte contre le Sida (COSCI)	Titulaire/Responsable Suivi Evaluation	D.I, D.II, D.III, D.IV
14)			
	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 2	Réseau Ivoirien des Organisations de personnes vivant avec le VIH (RIP+)	Félix BROU/Responsable Suivi Evaluation	B.I, B.II, B.III, B.IV
Respondent 3	Réseau Ivoirien des jeunes contre le Sida (RIJES)	KOUAME Véronique chargé de Suivi Evaluation	B.I, B.II, B.III, B.IV
Respondent 4	Fédération des mouvements et associations de jeunesse d'enfance de Côte d'Ivoire (FEMAJECI)	YOMAN HON Affia Nadege/ Vice présidente	B.I, B.II, B.III, B.IV
Respondent 5	Alliances des religieux engagés dans la lutte contre le sida et les autres pandémies (ARSIP)	N'Tamon Yvette/directrice intérimaire	B.I, B.II, B.III, B.IV
Respondent 6	Réseau des professionnels des médias, des arts et des sports de lutte contre le sida et les autres pandémies en Côte d'Ivoire (REPMASCI)	KOFFI Olivier/ Informaticien	B.I, B.II, B.III, B.IV
Respondent 7	Réseau Ivoirien des jeunes contre le Sida (RIJES)	BAMBA G Denis/Chargé de la logistique	B.I, B.II, B.III, B.IV
Respondent 8	Fédération des mouvements et associations de jeunesse d'enfance de Côte d'Ivoire (FEMAJECI)	ASSI Michael/Coordonnateur National CNLS-FEMAJECI	B.I, B.II, B.III, B.IV
Respondent 9	Réseau Ivoirien des Organisations de personnes vivant avec le VIH (RIP+)	BAYETO Claude/Directeur Exécutif	B.I, B.II, B.III, B.IV
Respondent 10	Conseil des Organisations de lutte contre le Sida (COSCI)	Epinza Augustin/Formateur	B.I, B.II, B.III, B.IV
Respondent 11	Conseil des Organisations de lutte contre le Sida (COSCI)	AYEDEN Eko Alexis/Conseiller à la décentralisation	B.I, B.II, B.III, B.IV
Respondent 12			
Respondent 13			
Respondent 14			
Respondent 15			
Respondent 16			
Respondent 17			
Respondent 18			
Respondent 19			

- Respondent
20
- Respondent
21
- Respondent
22
- Respondent
23
- Respondent
24
- Respondent
25

Page 5

15)

Part A, Section I: STRATEGIC PLAN

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

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

Yes (0)

Page 7

16)

1.1 How long has the country had a multisectoral strategy?

Number of Years

10

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	Yes	Yes
Transportation	Yes	Yes
Military/Police	Yes	Yes
Women	Yes	Yes
Young people	Yes	Yes
Other*	Yes	Yes

Page 8

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

Question 1.2 (continued)

If "Other" sectors are included, please specify:

Agricultures, Economie et Finance, Justice

Page 9

19)

Part A, Section I: STRATEGIC PLAN

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

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

20)

1.4 Were target populations identified through a needs assessment?

No (0)

Page 10

21)

IF NO, explain how were target populations identified?

un programme de personne hautement vulnérable dont les cibles. Ce programme a inscrit cette analyse situationnelle dans son plan d'action.

Page 11

22)

Part A, Section I: STRATEGIC PLAN**1.5 What are the identified target populations for HIV programmes in the country?**

Professionnelle du sexe ; Consommateurs de drogue injectable ; Hommes ayant des rapports sexuels avec d'autres hommes ; population carcérale

23)

1.6 Does the multisectoral strategy include an operational plan?

Yes (0)

24)

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

25)

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

26)

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

- Participation à tous les processus décisionnels
- Encadrement et organisation
- Appui institutionnel et financier
- Implication dans toutes les activités et intervention en matière de VIH

27)

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

Yes (0)

28)

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

Yes, some partners (0)

Page 13

29)

Part A, Section I: STRATEGIC PLAN

Question 1.10 (continued)

IF SOME or NO, briefly explain for which areas there is no alignment / harmonization and why

Certains partenaires se sont alignés sur les stratégies de leur siège au détriment de la stratégie nationale

Page 14

30)

Part A, Section I: STRATEGIC PLAN

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

Yes (0)

Page 15

31)

Part A, Section I: STRATEGIC PLAN

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

a. National Development Plan	Yes
b. Common Country Assessment / UN Development Assistance Framework	Yes
c. Poverty Reduction Strategy	Yes
d. Sector-wide approach	
e. Autres: insérer	N/A

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	No

Reduction of income inequalities as they relate to HIV prevention/treatment, care and/or support	Yes
Reduction of stigma and discrimination	Yes
Women's economic empowerment (e.g. access to credit, access to land, training)	Yes
Autres: insérer	

Page 16

33)

Part A, Section I: STRATEGIC PLAN

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

Yes (0)

Page 17

34)

Part A, Section I: STRATEGIC PLAN

3.1 IF YES, to what extent has it informed resource allocation decisions?

3 (3)

35)

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

Yes (0)

Page 18

36)

Part A, Section I: STRATEGIC PLAN

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

Behavioural change communication	Yes
Condom provision	Yes
HIV testing and counselling	Yes
Sexually transmitted infection services	Yes
Antiretroviral treatment	Yes
Care and support	Yes
Autres: insérer	

Page 19

37)

Part A, Section I: STRATEGIC PLAN**Question 4.1 (continued)**

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

décrire brièvement l'approche adoptée en matière de conseil et test (p. ex., indiquer si le test de dépistage du VIH est volontaire ou obligatoire, etc.) : Pendant le recrutement des test sont faits et celui du VIH figure Pendant l'exercice des test sont proposés Des campagnes de sensibilisation ciblées sont faites (grands panneaux avec des images de corps habillés)

38)

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

No (0)

Page 21

39)

Part A, Section I: STRATEGIC PLAN

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

No (0)

Page 23

40)

Part A, Section I: STRATEGIC PLAN

7. Has the country followed up on commitments towards universal access made during the High-Level AIDS Review in June 2006?

Yes (0)

Page 24

41)

Part A, Section I: STRATEGIC PLAN

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

Yes (0)

42)

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

Yes (0)

Page 25

43)

Part A, Section I: STRATEGIC PLAN**7.3 Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?**

Estimates of current and future needs (0)

44)

7.4 Is HIV programme coverage being monitored?

Yes (0)

Page 26

45)

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

Yes (0)

46)

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

Yes (0)

Page 27

47)

Part A, Section I: STRATEGIC PLAN**Question 7.4 (b) (continued)****IF YES, for which population groups?**

- Professionnelle du sexe
- Population carcérale
- Routiers
- Hommes ayant des rapports sexuels avec d'autres hommes

Page 28**48) Part A, Section I: STRATEGIC PLAN****Question 7.4 (continued)**

(c) Is coverage monitored by geographical area?

Yes (0)

Page 29

49)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (c) (continued)

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

Départementale (district) ; région, National Expliquer brièvement la manière dont cette information est utilisée : Les plans régionaux intègrent les spécificités des départements issus de cette région (projet IRIS dans la région du Bas Sassandra est en extension)

50)

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

51)

Part A, Section I: STRATEGIC PLAN

Question 7.5 (continued)

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

7 (7)

52)

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

•Révision du Plan stratégique National •Appui de plus en plus spécifiques selon les besoins et par région

53)

What are remaining challenges in this area:

•Faire d'avantage un bon suivi et en avoir tous les moyens •Mobiliser d'avantage les ressources
•S'inscrire dans le cadre du Plan Stratégique National

Page 31

54)

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

55)

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

56)

2.1 IF YES, when was it created?

Please enter the year in yyyy format

2004

57)

2.2 IF YES, who is the Chair?

Name	Laurent GBAGBO
Position/title	Président de la République

58)

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?	No
review actions on policy decisions regularly?	No
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?	No

Page 34

59)

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

60)

Part A, Section II: POLITICAL SUPPORT**Question 3 (continued)**

IF YES, briefly describe the main achievements:

- Mise en place de document stratégique et de plaidoyer
- Organisation de la société civile en réseau
- Levée de fonds mis à la disposition des faitières

61)

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
Autres: insérer	

Page 38

62)

Part A, Section II: POLITICAL SUPPORT**Question 6.1 (continued)**

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

7 (7)

63)

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

- Gratuité des ARV
- Extension des sites de prise en charge

64)

What are remaining challenges in this area:

Page 39

65)

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

66)

Part A, Section III: PREVENTION

1.1 IF YES, what key messages are explicitly promoted?

Check for key message explicitly promoted (multiple options allowed)

- a. Be sexually abstinent (0)
- b. Delay sexual debut (0)
- c. Be faithful (0)
- d. Reduce the number of sexual partners (0)
- e. Use condoms consistently (0)
- f. Engage in safe(r) sex (0)
- g. Avoid commercial sex (0)
- h. Abstain from injecting drugs (0)
- i. Use clean needles and syringes (0)
- j. Fight against violence against women (0)
- k. Greater acceptance and involvement of people living with HIV (0)
- l. Greater involvement of men in reproductive health programmes (0)
- m. Males to get circumcised under medical supervision (0)
- n. Know your HIV status (0)
- o. Prevent mother-to-child transmission of HIV (0)

67)

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

Yes (0)

Page 41

68)

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)

69)

2.1 Is HIV education part of the curriculum in:

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

70)

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

Yes (0)

71)

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

Yes (0)

72)

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

Yes (0)

Page 42

73)

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

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

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

Page 43

74) 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".

PVVIH

Page 44

75)

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)

76)

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

- Augmentation du nombre des sites de PTME • Vente de préservatif • Augmentation du nombre de préservatifs distribués

77)

What are remaining challenges in this area:

- Coordination • Les partenaires doivent s'inscrire dans le schéma national

Page 45

78)

Part A, III. PREVENTION

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

Yes (0)

Page 46

79)

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	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	

Page 47

80)

Part A, III. PREVENTION

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

8 (8)

81)

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

- Enseignement du VIH dans le milieu scolaire (live skills) • Extension des sites PTME

82)

What are remaining challenges in this area:

- Coordination des interventions dans le leadership du Ministère de la Lutte contre le Sida

Page 48

83)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

Yes (0)

Page 49

84)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1.1 IF YES, does it address barriers for women?

Yes (0)

85)

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

No (0)

86)

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

Yes (0)

Page 50

87)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 2 (continued)

IF YES, how were these determined?

- La revue du PSN a permis de faire le point
- Le REDES permet de voir les insuffisances au niveau de la mobilisation des ressources financières
- Le rapport national et UNGASS permettent de voir les insuffisances
- Des enquêtes (impact)
- Le Plan National de Développement de la Santé (PNDS)

88)

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

Page 51

89)

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)

90)

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)

Page 52

91)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 4 (continued)

IF YES, for which commodities?:

les ARV

Page 53

92)

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)

93)

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

- Approche district dans la prise en charge des PVVIH • Décentralisation

94)

What are remaining challenges in this area:

- Engagement du personnel soignant

Page 54

95)

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

96)

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)

97)

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

Yes (0)

98)

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

Yes (0)

Page 56

99)

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

Please enter the rounded percentage (0-100)

10

100)

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

7 (7)

101)

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

- Mise en place des plateformes (32plateformes)
- Plan stratégiques 2007- 2010
- Document sur les normes et standard
- Développement d'une base de données
- Elaboration des outils de collecte de données

102)

What are remaining challenges in this area:

- Faiblesse de la supervision au niveau décentralisé
- Financement

Page 57

103)

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

Yes (0)

Page 58

104)

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

2006

105)

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

2010

106)

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

Yes (0)

107)

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

Yes (0)

108)

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

109)

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:

Seulement quelque partenaires car il y a de nouveau partenaires qui sont arrivés après l'élaboration du plan Au moment de l'élaboration tous les partenaires présents sur le terrain ont pleinement participé

Page 60

110)

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

111)

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

112)

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

Yes (0)

Page 62

113)

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".

4

114)

3.2 IF YES, has full funding been secured?

No (0)

115)

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

No (0)

Page 64

116)

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:

•Insuffisance de financement •Insuffisance de coordination nationale •Méconnaissance de l'importance et du circuit de l'information stratégique

117)

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

Yes (0)

Page 65

118)

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:

une evaluation annuelle est conduite lors de l'élaboration du plan de travail

119)

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

Yes (0)

Page 66

120)

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

in the National AIDS Commission (or equivalent)?	No
in the Ministry of Health?	No
Ministère de la lutte contre le sida Ministère de la lutte contre le sida Ministère de la lutte contre le sida Ministère de la lutte contre le sida (secrétariat technique du CNLS)	Yes

121) **Number of permanent staff:**

Please enter an integer greater than or equal to 0
07

122) **Number of temporary staff:**

Please enter an integer greater than or equal to 0
2

Page 67

123)

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	Directeur de la Planification et du SE	Full time	2004
Permanent staff 2	Sous Directeur du SE	Full time	2006
Permanent staff 3	Cfef de service données de routine routine	Full time	
Permanent staff 4	Chef de service études et enquêtes	Full time	2007
Permanent staff 5	Chargé d'études	Full time	2005
Permanent staff 6	Chargé d'etudes	Full time	2008
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			

124)

Please describe the details of all the temporary staff:

	Position	Full time/Part time?	Since when? (please enter the year in yyyy format)
Temporary staff 1	Informaticienne	Part time	
Temporary staff 2	Informaticienne	Part time	2009
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			

125)

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?

No (0)

Page 69

126)

What are the major challenges?

•Manque de volonté des partenaires à s'inscrire dans le système de suivi Evaluation •Insuffisance de moyen de financiers pour le système de Suivi Evaluation

Page 70

127)

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)

128)

6.1 Does it include representation from civil society?

Yes (0)

Page 71129) **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:

•CECI coordonne les activités du secteur privé •COSCI coordonne les activités de la société civile
•RIP + coordonne les activités des personnes vivant avec le VIH

130)

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

Yes (0)

Page 72

131)

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, but only some of the above (0)

Page 73

132)

7.3 Is there a functional* Health Information System?

At national level	Yes
At subnational level	Yes

Page 74

133)

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

Yes (0)

134)

9. To what extent are M&E data used

9.1 in developing / revising the national AIDS strategy?:

3 (3)

135)

Provide a specific example:

- Rapport national 2007-2008

136)

What are the main challenges, if any?

- Difficultés dans la disponibilité des données validées
- La lenteur dans la procédure pour avoir les données validées

Page 75

137) Part A, Section V: MONITORING AND EVALUATION

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

2 (2)

Page 76

138)

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

2 (2)

Page 77

139)

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

140)

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 80

141)

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

Yes (0)

Page 82

142)

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)

143)

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

•Rapport UNGASS 2008 •Mise en place des unités de chargée de Suivi Evaluation dans dix régions •Rapport national 2007-2008 •Révision des indicateurs •Renforcement des capacités au niveau décentralisé

144)

What are remaining challenges in this area:

•Manque de volonté des partenaires •Insuffisance de moyen financiers •Faible implication dan le système de Suivi

Page 83

145)

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.)

No (0)

Page 84

146)

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

147)

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	Yes
e. SexWorkers	No
f. prison inmates	Yes
g. Migrants/mobile populations	No
Autre: insérer	

148)

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

- Institution des droits de l'homme : Commission Nationale des Droits de l'Homme de Côte d'Ivoire
- Comité ministériel : •Plate forme de la société civile : la Ligue Ivoirienne des Droits de l'Homme, Association des femmes juristes de Côte d'Ivoire

149)

Briefly describe the content of these laws:

- présentations des organes, des objectifs des modes de saisine et de traitements des dossiers

150)

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

- Les populations concernées par les lois ne sont pas suffisamment informées de leur existence.
- Il faut sensibiliser ses populations afin de leur fait connaitre les textes qui font la promotion de leurs droits et les différents moyens de litige.

Page 86

151)

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

152)

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

153)

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

154)

Part B, Section I. HUMAN RIGHTS**Question 5 (continued)****IF YES, briefly describe this mechanism:**

Il existe des mécanismes tels que : • L'Observatoire national (non fonctionnel) • Le centre d'écoute de la CNDHCI • Le centre d'écoute du ministère de la justice • Les centres d'écoute des ONG (BICE, ONEF, APDH, AFJCI, LIDHO) Toute personne victime d'une violation de ses droits peut saisir l'un de ces centres qui fait le suivi du dossier et informe le requérant de la suite qui lui est réservée.

155)

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

156)

Part B, Section I. HUMAN RIGHTS**Question 6 (continued)****IF YES, describe some examples:**

•Participation à l'élaboration des documents de politique de lutte contre le VIH •Participation à l'élaboration du Plan Stratégique National 2006-2010 •Participation aux réunions du Conseil National de Lutte contre le Sida (CNLS) •Membres du CNLS •Membres du CCM (Coordination pays pour le fond mondial)

157)

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

158)

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:

- Appui aux différents services • Suivi sur le terrain

159)

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

160)

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)

161)

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?

No (0)

Page 95

162)

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

No (0)

163)

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

164)

Part B, Section I. HUMAN RIGHTS

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

Yes (0)

165)

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

Comité composé de 10 membres se réunissant mensuellement pour analyser les dossiers qui leurs sont soumis La délibération faite à la majorité permet au comité de donner un avis favorable ou défavorable au dossier qui lui est soumis par l'intermédiaire du ministère de la Santé L'avis du comité éthique est important dans le choix des projets mises en œuvre car il permet de voir si le projet présente un intérêt certain pour les bénéficiaires.

Page 97

166)

– 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)

167)

– 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)

168)

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

No (0)

Page 98

169)

Part B, Section I. HUMAN RIGHTS

Question 12 (continued)

IF YES on any of the above questions, describe some examples:

Commentaire CNDHCI, Ministère de la justice et des droits de l'homme ; Ministère de la famille, de la femme et des affaires sociales ; PNPEC (programme national de prise en charge des PVVIH) ; Programme national de la Santé de la reproduction

Page 99

170)

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)

171)

– Legal aid systems for HIV casework

Yes (0)

172)

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

No (0)

173)

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

Yes (0)

174)

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

Yes (0)

Page 100

175)

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
Autres: insérer	

Page 101

176)

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)

177)

What are remaining challenges in this area:

- Effectivité de la loi • Implication des politiques • Absence de l'index de la stigmatisation • Absence d'indicateur pour mesurer le niveau de la stigmatisation

Page 102

178)

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

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

6 (6)

179)

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

Nombre de personnes gratuitement mises sous ARV

180)

What are remaining challenges in this area:

- Le coût encore élevé du traitement des Infections Opportunistes, • Problème nutritionnel • Nombre élevé de malades perdus de vue • Accessibilité des centres de prise en charge dans les zones rurales

Page 103

181)

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)

182)

Comments and examples:

- Participation à l'élaboration des documents de politiques et stratégies, • Par le plaidoyer, • La mobilisation des ressources, • Renforcement des capacités, • Suivi et évaluation des activités des organisations

Page 104

183)

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)

184)

Comments and examples:

- Participation de la société civile aux revues des différents plan
- Participation de la société civile à toutes les étapes du processus ayant abouti à l'élaboration du plan stratégique national

Page 105

185)

a. the national AIDS strategy?

4 (4)

186)

b. the national AIDS budget?

0

187)

c. national AIDS reports?

4 (4)

188)

Comments and examples:

- Toutes les activités de la société civile sont basées sur le plan stratégique national 2006 -2010 de lutte contre le sida
- La société civile ne bénéficie pas de financement sur le budget national de lutte contre le sida
- Les rapports d'activités de la société civile constituent la grande partie des résultats contenu dans le
- Rapport national

Page 106

189)

a. developing the national M&E plan?

4 (4)

190)

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

4 (4)

191)

c. M&E efforts at local level?

2 (2)

192)

Comments and examples:

La société civile a participé à la rédaction du plan national de suivi et évaluation La société civile fait partie du groupe national de référence de suivi et évaluation (GMRSE) La non fonctionnalité des organes déconcentrés (CTAIL et de l'approche District) rend difficile la participation de la société civile aux efforts de S/E Au niveau local.

Page 107**193) Part B, Section II. CIVIL SOCIETY PARTICIPATION****5. To what extent is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. networks of people living with HIV, organizations of sex workers, faith-based organizations)?**

4 (4)

194)

Comments and examples:

- Conseil des Organisations de lutte contre le Sida (COSCI) • Réseau Ivoirien des Organisations de personnes vivant avec le VIH (RIP+) • Réseau Ivoirien des jeunes contre le Sida (RIJES), • Fédération des mouvements et associations de jeunesse, d'enfance de Côte d'Ivoire (FEMAJECI) • Réseau des organisations féminines (RIOF) • Alliances des religieux engagés dans la lutte contre le sida et les autres pandémies (ARSIP) • Réseau des professionnels des médias, des arts et des sports de lutte contre le sida et les autres pandémies en Côte d'Ivoire (REPMASCI) • Arc en ciel (association de MSM) • Blety (association des professionnel du sexe)

Page 108

195)

a. adequate financial support to implement its HIV activities?

3 (3)

196)

b. adequate technical support to implement its HIV activities?

2 (2)

197)

Comments and examples:

Insuffisance de l'aide financière pour réaliser les activités Appui technique ponctuel orienté vers les résultats du partenaire, ne prenant pas suffisamment en compte le renforcement des capacités institutionnel de la société civile

Page 109

198) Part B, Section II. CIVIL SOCIETY PARTICIPATION

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

Prevention for youth	51-75%
Prevention for most-at-risk-populations	
- Injecting drug users	<25%
- Men who have sex with men	
- Sex workers	
Testing and Counselling	>75%
Reduction of Stigma and Discrimination	>75%
Clinical services (ART/OI)*	<25%
Home-based care	>75%
Programmes for OVC**	51-75%

Page 110

199)

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)

200)

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

Renforcement des capacités techniques et matérielles

201)

What are remaining challenges in this area:

Renforcer les capacités institutionnelles et managériales de la société civile

Page 111

202)

Part B, Section III: PREVENTION

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

Yes (0)

Page 112

203)

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

Une analyse situationnelle débouchant sur l'élaboration du PSN, ce plan contient des axes prioritaires dont celui de la prévention

204)

1.1 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	Agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Don't agree
Condom promotion	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	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	Don't agree
HIV prevention for out-of-school young people	Agree
HIV prevention in the workplace	Agree
Autres: insérer	

Page 113

205)

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)

206)

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

Promotion du life skill dans les écoles secondaires Introduction du programme de l'enseignement sur le VIH dans les écoles Mobilisation de la société civile autour des services suivants : • Abstinence et fidélité • Promotion du port correcte du préservatif • Conseil et dépistage • PTME • Stigmatisation et discrimination • Existence d'un document national de référence sur l'abstinence

207)

What are remaining challenges in this area:

L'insuffisance de financement L'insuffisance de campagne de sensibilisation dans les zones rurales

Page 114

208)

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

209)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

Question 1 (continued)

IF YES, how were these specific needs determined?

Une analyse situationnelle débouchant sur l'élaboration du PSN, ce plan contient des axes prioritaires dont celui de la prise en charge

210)

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	Agree
Palliative care and treatment of common HIV-related infections	Agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Agree

TB preventive therapy for HIV-infected people	Agree
TB infection control in HIV treatment and care facilities	Agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	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	

Page 116

211)

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?

7 (7)

212)

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

La gratuité des ARV La gratuité du cotrimoxazole L'accès au service de PTME Accompagnement psychosocial des malades à domicile

213)

What are remaining challenges in this area:

L'insuffisance de financement Le coût élevé du traitement des IO Les problèmes liés à la stigmatisation et la discrimination

Page 117

214)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

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

Yes (0)

Page 118

215)

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)

216)

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

Yes (0)

217)

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

Yes (0)

Page 119

218)

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)

10

219)

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

7 (7)

220)

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

1- Elaboration des documents de politique de norme et de stratégies (Elaboration de plan stratégique 2007 2010 ;Elaboration de document de standards de services à offrir aux OEV ; documents cadre de stratégie d'intervention de soins et soutien aux OEV) 2- Mise en place de platform (32 Platform installés et équipées sur 72 soit 44%) 3- Mise en place de base de données des OEV Elaboration des outils de collecte de données

221)

What are remaining challenges in this area:

(i) Insuffisance de supervision du niveau décentralisé (ii) Insuffisance des ressources au niveau décentralisé pour la coordination des interventions iii Insuffisances des ressources financières et humaines pour améliorer l'offre et la qualité des services en direction des OEV