

Survey Response Details

Response Information

Started: 3/3/2010 7:43:04 AM
Completed: 3/26/2010 11:40:05 AM
Last Edited: 4/16/2010 5:38:46 AM
Total Time: 23.03:57:01.2500000

User Information

Username: ce_MA
Email:

Response Details

Page 1

1) Country

Morocco (0)

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

Dr El Menzhi Omar Menzhi

3) Postal address:

71, avenue Ibn Sina, Agdal, Rabat, Maroc

4) Telephone:

Please include country code

00 212 661 95 83 04

5) Fax:

Please include country code

00 212 537 67 12 71

6) E-mail:

omarelmenzhi@yahoo.fr

7) Date of submission:

Please enter in DD/MM/YYYY format

29/03/2010

Page 3

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

1. organisation d'une réunion de tous les partenaires du programme national de lutte contre le sida pour information et sur le processus d'élaboration du rapport UNGASS 2010
2. envoi des questionnaires relatifs à l'indice aux partenaires
3. organisation de travaux de groupes pour la validation des données de l'indice lors d'un atelier national réunissant l'ensemble des partenaires

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

les désaccords étaient résolus par des discussions par les intéressés qui aboutissaient à un consensus

10)

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

Certaines questions ne sont pas adaptées au contexte marocain

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	Programme National de Lutte contre le sida	Dr Aziza Bennani, chef du service MST/sida, Direction de l'Epidémiologie et de Lutte contre les Maladies	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	Direction Planification Ressources Financière/MS	Mme Sanaâ Cherqaoui/Chef de Service	A.I, A.II, A.III, A.IV, A.V
Respondent 3	Direction de la population/MS	Dr Nabil Bourquia/Chef de Service	A. I, A. II, A. III, A. IV, A. V
Respondent 4	Centre National de Transfusion Sanguine	Dr Khadija Lahjouji/Directeur Adjoint	A.I, A.II, A.III, A.IV, A.V
Respondent 5	Médecine A Centre hospitalier Universitaire Ibn Sina	Dr Mouna Maamar/Professeur Assistant	A. I, A. II, A. III, A. IV, A. V
Respondent 6	Service des MST- Sida/MS	Dr Amina Latifi/ Médecin	A.I, A.II, A.III, A.IV, A.V
Respondent 7	Service des MST - Sida/MS	Dr Soumia triki/Médecin	A. I, A. II, A. III, A. IV, A. V
Respondent 8	direction régional de la santé	Dr Fatiha Guezzar/Responsable Observatoire Régional de la Santé Souss Massa Draâ	A.I, A.II, A.III, A.IV, A.V
Respondent 9	Unité de gestion du Fonds mondial	Mme Boutaina El Omari/coordinatrice	A. I, A. II, A. III, A. IV, A. V
Respondent 10	service maladies infectieuses/CHU Ibn Rochd	Dr Hassan Lamdini/medecin	A.I, A.II, A.III, A.IV, A.V
Respondent			

Respondent 11	service MST/sida/MS	Dr Noureddine Sakhri/pharmacien	A.I, A.II, A.III, A.IV, A.V
Respondent 12	Forces Armées Royales	Pr Omar Sedrati/professeur dermatologie	A.I, A.II, A.III, A.IV, A.V
Respondent 13	Observatoire régionale de la santé /RSZZ	Dr Rabéa Lahlaouti/medecin	A.I, A.II, A.III, A.IV, A.V
Respondent 14	Observatoire régionale de la santé /GC	Dr Amina Idrissi Azami/medecin	A.I, A.II, A.III, A.IV, A.V
Respondent 15	Observatoire régionale de la santé /RSZZ	Mme Fatim-Zahra Fatmi/cadre	A.I, A.II, A.III, A.IV, A.V
Respondent 16	Unité de Gestion du Fonds Mondial/MS	Mr Rachid Amri /Chargé de Projet	A.I, A.II, A.III, A.IV, A.V
Respondent 17	Unité de Gestion du Fonds Mondial/MS	Mr Hicham Soubata/Chargé de Projet	A.I, A.II, A.III, A.IV, A.V
Respondent 18	service maladies mentales/MS	Dr Fatima Assouab/chef de service	A.I, A.II, A.III, A.IV, A.V
Respondent 19	Ministère de l'éducation	Mr Aziz Kadiri	A.I, A.II, A.III, A.IV, A.V
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	Association Marocaine de Lutte contre le sida	Mme Fouzia Bennani/Directrice	B.I

14)

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 2	Organisation Panafricaine de Lutte contre le sida	Dr Chaoui Aasmae/Medecin	B.II
Respondent 3	Ligue Marocaine de Lutte contre les MST/sida	Dr Hayat El Hachimi/ Medecin	B.II
Respondent 4	PNUD	Mme Carine Chevalmer/Chargée de Projet Genre- VIH- Sida	B.II
Respondent	Chargé de programme UNFPA	Dr Khalid Benhassan/Chargé de	B.II

5	charge de programme UNFPA	programme	B. II
Respondent 6	ONUSIDA	Mr Abdessalam Fazouane/consultant	
Respondent 7	ONUSIDA	Mr Houssine El Rhilani/chargé suivi évaluation	B. III, B. IV
Respondent 8	ONUSIDA	Dr Kamal Alami/administrateur programmes	B. I, B. II
Respondent 9	OMS	Mr Ahmed Chahir	B. III
Respondent 10	AMSED	Mme Najat Sarhani/Directrice Exécutive	B. I, B. II
Respondent 11	UNICEF	Dr Ahmed Laâbid/Chargé de programmes Santé	B. II
Respondent 12	UNIFEM	Mme Khadija Assari/Chargé de Communication	B. I, B. II
Respondent 13	OPALS	Dr Boutaina Alami Drissi Machichi	B. III
Respondent 14	GTZ	Mme Saâdia Aglif	B. I, B. II
Respondent 15	UNHCR	Mr Akram Tarfaoui Zidi	B. III
Respondent 16	Free- Lance	Mme Nada Samir	B. I, B. II
Respondent 17		Mme Zhor Lakriach/chargé de programme	B. I
Respondent 18	UNESCO	Mme Béatrice Somez/Sociologue	B. II
Respondent 19	association du jour des personnes vivants avec le VIH	Mme Amina El Arabi/présidente	B. III, B. IV
Respondent 20	Association Marocaine de Solidarité et de Développement	Mme Nada Benajiba/chargé de projet	B. III, B. IV
Respondent 21	OIM	Mme Houda Hossni	B. III, B. IV
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) Part A, Section I: STRATEGIC PLAN****Question 1 (continued)****Period covered:**

2007-2011

17)

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

8

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	No
Transportation	No	No
Military/Police	Yes	Yes
Women	Yes	Yes
Young people	Yes	Yes
Other*	Yes	Yes

Page 8**19) Part A, Section I: STRATEGIC PLAN****Question 1.2 (continued)****If "Other" sectors are included, please specify:**

Justice (administration pénitentiaire),Affaires islamiques, Communication, Entraide nationale,Agriculture

20)

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

Des crédits sont alloués à ces secteurs dans le cadre des programmes et projet d'appui notamment le Fonds mondial de lutte contre le sida dont ils sont sous bénéficiaires, le système des Nations Unies et la coopération bilatérale.

Page 9

21)

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

22)

1.4 Were target populations identified through a needs assessment?

Yes (0)

Page 10

23)

Part A, Section I: STRATEGIC PLAN**Question 1.4 (continued)****IF YES, when was this needs assessment conducted?**

Please enter the year in yyyy format

2006

Page 11

24)

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

Groupes vulnérables à la transmission du VIH : jeunes, des deux genres, scolarisés ou non, femmes en situation de vulnérabilité, enfants en situation précaire, professionnels du sexe, féminins et masculins, usagers de drogues injectables, migrants, en particulier ceux en situation irrégulière, populations en situation de mobilité fréquente, personnel des services en uniforme, prisonniers. □
Groupe vulnérable à l'impact du VIH/SIDA : personnes vivant avec le VIH ou affectées par le VIH

25)

1.6 Does the multisectoral strategy include an operational plan?

Yes (0)

26)

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

27)

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

28)

Part A, Section I: STRATEGIC PLAN

Question 1.8 (continued)

IF active involvement, briefly explain how this was organised:

Le Plan stratégique national de lutte contre le SIDA 2007/2011, est le résultat d'un travail collectif engagé par tous les acteurs institutionnels et associatifs impliqués dans la lutte contre le VIH/sida. Ces acteurs ont participé activement à toutes les étapes du processus de planification stratégique depuis l'analyse de la situation et de la riposte jusqu'à l'élaboration de la stratégie nationale et ont signé un pacte d'engagement en décembre 2006. Ils ont également participé à l'élaboration des plans stratégiques régionaux et aux différentes études réalisées par le Programme National de Lutte contre le Sida.

29)

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

Yes (0)

30)

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

Yes, all partners (0)

Page 14

31)

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

32)

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

33)

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

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

Page 16

34)

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

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	No
Sexually transmitted infection services	Yes
Antiretroviral treatment	Yes
Care and support	Yes
Autres: insérer	No

Page 19

37)

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

38)

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)

Page 22

39)

Part A, Section I: STRATEGIC PLAN**6.1 IF YES, for which subpopulations?**

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

40)

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

Illégalité de la prostitution et de la consommation de drogues qui sont des délits

41)

Briefly comment on how they pose barriers:

Entrave aux activités de prévention sur le terrain

Page 23

42)

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

43)

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

Yes (0)

44)

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

Yes (0)

Page 25

45)

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)

46)

7.4 Is HIV programme coverage being monitored?

Yes (0)

Page 26

47)

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

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

Yes (0)

48)

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

Yes (0)

Page 27

49)

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

IF YES, for which population groups?

Groupes vulnérables à la transmission du VIH : jeunes, des deux genres, scolarisés ou non, femmes en situation de vulnérabilité, enfants en situation précaire, professionnels du sexe, féminins et masculins, usagers de drogues injectables, migrants, en particulier ceux en situation irrégulière, populations en situation de mobilité fréquente, personnel des services en uniforme, prisonniers.
Groupe vulnérable à l'impact du VIH/SIDA : personnes vivant avec le VIH ou affectées par le VIH

50)

Briefly explain how this information is used:

Suivi et évaluation des différents programmes selon le plan de suivi et évaluation du Plan Stratégique National de Lutte contre le sida, revues à mi parcours etc.

Page 28**51) Part A, Section I: STRATEGIC PLAN****Question 7.4 (continued)****(c) Is coverage monitored by geographical area?**

Yes (0)

Page 29

52)

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

Niveau régional et provincial

53)

Briefly explain how this information is used:

Pour le suivi des programme et évaluer l'atteinte des objectifs fixés dans le cadre du PSN, -suivi semestriel et annuel des activités programmées dans le cadre du PSN 2007-2011 au niveau régional et national, revue à mi-parcours et finale et les, les études programmées dans le cadre du plan de Suivi et d'évaluation

54)

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

55)

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)

56)

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

Elaboration de plans stratégiques régionaux et des plans d'action biannuels au niveau des neufs régions prioritaires avec des objectifs et cibles spécifiques à chaque région

57)

What are remaining challenges in this area:

augmenter l'appropriation des plans stratégiques par les comités régionaux intersectoriels de lutte contre le sida pour assurer une mise en oeuvre optimale en renforcement le leadership

Page 31

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	No
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
2003

61)

2.2 IF YES, who is the Chair?

Name	Mr Grigha Mohammed
Position/title	directeur Exécutif de l'Association Marocaine de

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

Page 33

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

25

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

8

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

Page 34

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:**

Plusieurs mécanismes sont mis en place pour favoriser et assurer cette interaction. Il s'agit notamment : Des comités nationaux de coordination de la prise en charge des PVVIH, du dépistage VIH, du suivi et évaluation et l'instance de coordination national qui sont formés de membres du Ministère de la santé, de la société civile, de personnes ressources, et d'autres départements ministériels. Les forums et ateliers organisés autour des différentes thématiques et évènements nationaux. Les revues des programmes

68)

Briefly describe the main challenges:

L'implication du secteur privé médical et non médical reste insuffisante

69)

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

Please enter the rounded percentage (0-100)

47

70)

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

Information on priority needs	Yes
Technical guidance	Yes
Procurement and distribution of drugs or other supplies	Yes
Coordination with other implementing partners	Yes
Capacity-building	Yes
Autres: Mise à disposition de locaux et produits détachement de personnel (infirmier, médecins)	Yes

71)

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

No (0)

Page 38

72)

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)

73)

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

Restructuration du CCM et renforcement du partenariat avec les ONG. Effort important pour la décentralisation de la planification et programmation

74)

What are remaining challenges in this area:

Nécessité d'un renforcement de la coordination régionale

Page 39

75)

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

76)

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)
- c. Be faithful (0)
- d. Reduce the number of sexual partners (0)
- e. Use condoms consistently (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)
- n. Know your HIV status (0)

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

77)

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

Yes (0)

Page 41

78)

Part A, Section III: PREVENTION

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

Yes (0)

79)

2.1 Is HIV education part of the curriculum in:

primary schools?	No
secondary schools?	Yes
teacher training?	Yes

80)

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

Yes (0)

81)

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

Yes (0)

82)

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

Yes (0)

Page 42

83)

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

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

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

Page 43

84) Part A, III. PREVENTION

Question 3.1 (continued)

You have checked one or more policy/strategy for "Other populations". Please specify what are "other populations".

Professionnelles de sexe féminin, Hommes ayant des relations sexuelles avec d'autres hommes, les UDI, les femmes en situation de vulnérabilités, les jeunes, les ouvriers, les marins, les migrants. Les éléments de prévention : les activités de proximité par des intervenants de terrain qui comprennent les messages de prévention, la distribution de préservatifs, l'orientation vers les locaux des ONG ou du ministère de la santé pour consultation médicale, traitement, dépistage VIH et orientation vers d'autres institutions (droit, lutte contre la violence, centre de prise en charge en cas d'infection VIH etc..) selon le besoin.

Page 44

85)

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)

86)

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

Renforcement et extension des programmes de prévention auprès des jeunes et des interventions de proximité auprès des différentes populations les plus exposées. Amélioration de la couverture. Mise en place d'un programme de réduction des risques pour les consommateurs de drogues injectables

87)

What are remaining challenges in this area:

améliorer l'offre du dépistage VIH, la pTME , changement du comportement des personnes les plus exposées au risque d'infection

Page 45

88)

Part A, III. PREVENTION

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

Yes (0)

Page 46

89)

Part A, III. PREVENTION

Question 4 (continued)

IF YES, how were these specific needs determined?

Estimations des tailles des populations, réalisation d'études socio-comportementales Prise en compte des déterminants et spécificités épidémiologiques au niveau de chaque région, définition des cibles de couverture par région

90)

4.1 To what extent has HIV prevention been implemented?

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

Page 47

91)

Part A, III. PREVENTION

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

8 (8)

92)

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

Tous les programmes de prévention ont été déclinés au niveau des régions selon des PSR adaptés aux spécificités de chaque région Programme de prévention de la transmission du VIH de la mère à l'enfant faisant intervenir les établissements de soins de santé de base Programme de prévention auprès des CDI (Centre à bas seuil d'exigence) et introduction en 2010 du traitement de substitution par la méthadone

Page 48

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)

Page 49

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)

Page 50

97)

Part A, Section IV: TREATMENT, CARE AND SUPPORT**Question 2 (continued)****IF YES, how were these determined?**

Besoins déterminés sur les estimations réalisés chaque année par PNLs et le comité national de prise en charge selon les estimations et projection du nombre de personnes à prendre en charge.

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

Page 51

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?

Yes (0)

Page 52

101)

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

Test rapides, antirétroviraux

Page 53

102)

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)

103)

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

Introduction des médicaments ARV de deuxième ligne Introduction de la méthadone Mise en oeuvre du programme national d'appui psycho-social Augmentation de la couverture des personnes ayant besoin d'ARV à 50%

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?

No (0)

Page 57

105)

Part A, Section V: MONITORING AND EVALUATION

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

Yes (0)

Page 58

106)

1.1 IF YES, years covered:

Please enter the start year in yyyy format below

2007

107)

1.1 IF YES, years covered:

Please enter the end year in yyyy format below

2011

108)

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

Yes (0)

109)

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

Yes (0)

110)

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

Yes, all partners (0)

Page 60

111)

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

112)

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

113)

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

Yes (0)

Page 62

114)

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".

7

115)

3.2 IF YES, has full funding been secured?

Yes (0)

116)

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

Yes (0)

Page 64

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:**

semestriellement

119)

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

In progress (0)

Page 69

120)

What are the major challenges?

Ressources humaines pour la gestion des bases de données

Page 70

121)

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)

122)

6.1 Does it include representation from civil society?

Yes (0)

Page 71**123) 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:**

Valider le guide et les outils de collecte des données pour le S&E; Assurer la mise en place et le fonctionnement du dispositif de S&E ; Valider le plan de S&E ; Orienter, planifier et examiner les protocoles des études d'évaluation ; Valider et analyser les rapports de S&E ; Superviser les activités programmées du plan de S&E ; S'assurer de la fiabilité et la qualité des données recueillies dans le cadre du plan de suivi et évaluation

124)

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

Yes (0)

Page 72

125)

Part A, Section V: MONITORING AND EVALUATION

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

Base de données épidémiologique concernant les cas notifiés de VIH/sida et IST Bases de données sur les programmes : Gérés par le PNLS, l'unité de gestion du Fonds mondial en collaboration avec le bureau ONUSIDA

126)

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

127)

7.3 Is there a functional* Health Information System?

At national level	Yes
At subnational level	Yes

Page 74

128) 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)?

régional

129)

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

Yes (0)

130)

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

5 (5)

131)

Provide a specific example:

Les données épidémiologique et sur les réalisations des programmes seront à la base de la revue à mi-parcours du plan stratégique national. Données de la surveillance sentinelle : une augmentation de la séroprévalence au niveau de certaines régions ou de certaines populations à risque oriente vert l'intensification des activités prévues dans le cadre du PSN et des PSR S'il y en a,

132)

What are the main challenges, if any?

Nécessité de mettre en oeuvre un système d'assurance qualité des données notamment pour les programmes de prévention

Page 75**133) Part A, Section V: MONITORING AND EVALUATION****9.2 To what extent are M&E data used for resource allocation?**

4 (4)

134)

Provide a specific example:

Les indicateurs des connaissances et comportements auprès des jeunes ou auprès des professionnelles du sexe en 2007, ont permis de mesurer les résultats des programmes de prévention et d'orienter le contenu de ces programmes : activités, message, intervenant, gestion, suivi et évaluation.

Page 76

135)

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

4 (4)

136)

Provide a specific example:

Les indicateurs des connaissances et comportements auprès des jeunes ou auprès

desprofessionnelles du sexe en 2007, ont permis de mesurer les résultats des programmes de prévention et d'orienter le contenu de ces programmes : activités, message, intervenant, gestion, suivi et évaluation.

Page 77

137) 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

138)

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

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

Page 79

139) Part A, Section V: MONITORING AND EVALUATION

Question 10.1 (continued)

Please enter the number of people trained at national level.

Please enter an integer greater than 0

90

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

Please enter an integer greater than 0

250

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

Please enter an integer greater than 0

70

Page 80

142)

Part A, Section V: MONITORING AND EVALUATION

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

Yes (0)

Page 81**143) Part A, Section V: MONITORING AND EVALUATION****Question 10.2 (continued)****IF YES, describe what types of activities:**

Supervision du PNLs auprès des partenaires pour les capacités des partenaires en matière de S&E

Page 82**144) 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?**

8 (8)

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

Formations des partenaires du PNLs en suivi et évaluation et sur les outils de gestion des données Equipement des partenaires et des observatoires Unifications des fiches de collecte avec le FM Recueil et synthèse des données des programmes (base de données centrale) Utilisation des données pour la revue à mi-parcours du plan stratégique national

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

opérationnaliser les unités régionale de S&E et disponibilité de base de données régionales

Page 83**147)****Part B, Section I: HUMAN RIGHTS**

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

No (0)

Page 84

148)

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

149)

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

150)

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

Décrets d'application Assistance juridique Formation des magistrats Formation des parlementaires Signature de conventions internationales par le Maroc (CEDAW, Varsovie...) Mise en place d'instances nationales (observatoires, CCDH, Diwan al madalim...) pour assurer l'application et le suivi

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?

Yes (0)

Page 87

152)

Part B, Section I. HUMAN RIGHTS

3.1 IF YES, for which subpopulations?

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

153)

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

Amendes et prison. Prostitution (art 502 du Code Penal). HSH (Art 489 du Code Penal). UDI

154)

Briefly comment on how they pose barriers:

- accessibilité réduite aux services de prévention et de prise en charge des groupes vulnérables à l'infection VIH - stigmatisation/discrimination de ces personnes.

Page 88

155) **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

156)

Part B, Section I. HUMAN RIGHTS

Question 4 (continued)

IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:

le cinquième principe directeur du PSN est de garantir l'équité et le respect des droits de la personne et du genre.

157)

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

No (0)

Page 90

158)

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

159)

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

IF YES, describe some examples:

Participation à toutes les étapes de l'élaboration du PSN 2007- 2011 (PS, Marins, Routiers, MSM, PVVIH) • Participation dans la mise en oeuvre à travers l'approche de proximité

160)

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

161)

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:

Intégrer dans les programmes d'appui (FM...) Stratégie de réduction des coûts (M, condom, traitement IST) Stratégie de pérennisation des fonds. Mobilisation des fonds au niveau national

162)

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

163)

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)

164)

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

165)

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

IF YES, briefly describe the content of this policy:

engagement politique pour un accès aux services de prévention de traitement et d'appui psychosocial des populations migrantes

166)

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)

Page 95

167)

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:

approche de proximité, éducation par les pairs, renforcement des capacités institutionnelles des ONG, outils spécifiques développés, planification stratégique conjointe

168)

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

Yes (0)

169)

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

170)

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)

171)

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

Respecter le code éthique dans le cadre des protocoles de recherche

Page 97

172)

– 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)

173)

– 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)

174)

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

No (0)

Page 98

175)

Part B, Section I. HUMAN RIGHTS

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

Le Haut Comité National des Droits Humain ONGs de défenses des droits Humain

Page 99

176)

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

Yes (0)

177)

– Legal aid systems for HIV casework

No (0)

178)

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

No (0)

179)

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

Yes (0)

180)

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

Yes (0)

Page 100

181)

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

Yes

Page 101

182)

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?

9 (9)

183)

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

formations, campagnes de communication, lutte contre la stigmatisation, campagne de l'ALCS, sensibilisation Ministère de l'Intérieur (sensibilisation pour le Délit de détention du préservatif, sensibilisation des magistrats)

184)

What are remaining challenges in this area:

Travailler sur la stigmatisation et la discrimination. Améliorer accès à la prévention et à l'information pour les populations vulnérables. Plaidoyer pour la mise en place des lois

Page 102

185)

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?

9 (9)

186)

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

PSN, déclinaison en stratégie régionale et sectorielle . Engagement politique à haut niveau. Engagement médiatique. Restructuration du CCM (implication de ts les ministères, coopération bilatérale, onusienne et société civile). Mis en place de comités de surveillance (oversight)

Page 103

187)

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)

188)

Comments and examples:

Rôle déterminant dans le Plaidoyer pour l'accès universel au traitement. Participation effective à la restructuration du CCM Présidence du CCM par une ONG

Page 104

189)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

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

5 (5)

190)

Comments and examples:

Implication et collaboration à l'élaboration de neufs plans stratégiques régionaux.

Page 105

191)

a. the national AIDS strategy?

4 (4)

192)

b. the national AIDS budget?

4 (4)

193)

c. national AIDS reports?

4 (4)

194)

Comments and examples:

Les différents rapports nationaux sont basés en grande partie sur les réalisations communiquées par les ONG - 47% du budget national est exécuté par la société civile

Page 106

195)

a. developing the national M&E plan?

4 (4)

196)

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

4 (4)

197)

c. M&E efforts at local level?

4 (4)

198)

Comments and examples:

participation active des ONG à l'élaboration du plan de S/E - adoption du système du S/E par les ONG - contribution des ONG nationales au renforcement des capacités en S/E au niveau local (AMSED, ALCS, OPALS) – les ONG font partie du comité national du S/E

Page 107**199) 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)

200)

Comments and examples:

- implication des associations des PVVIH dans la lutte contre le sida (association du jour des PVVIH et l'association soleil des enfants porteurs du VIH) - Rabitat des Oulemas (confessionnel), secteur universitaire, les associations féminines, etc...

Page 108

201)

a. adequate financial support to implement its HIV activities?

4 (4)

202)

b. adequate technical support to implement its HIV activities?

4 (4)

203)

Comments and examples:

extension de la stratégie nationale, élargissement de la couverture géographique et la couverture des groupes vulnérables nécessitent une aide financière supplémentaire b- problème d'accès à l'information pour les ONG communautaires (à améliorer), sans oublier que des efforts considérables sont déployés par les ONG nationale dans la décentralisation de l'appui technique.

Page 109**204) 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	25-50%
Prevention for most-at-risk-populations	
- Injecting drug users	>75%
- Men who have sex with men	>75%
- Sex workers	>75%
Testing and Counselling	>75%
Reduction of Stigma and Discrimination	51-75%
Clinical services (ART/OI) *	<25%
Home-based care	
Programmes for OVC* *	

Page 110

205)

Part B, Section II. CIVIL SOCIETY PARTICIPATION**Question 7 (continued)****Overall, how would you rate the efforts to increase civil society participation in 2009?**

9 (9)

206)

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

la décentralisation des actions au niveau local, coordination, harmonisation et partenariat entre les différents représentants de la société civile

207)

What are remaining challenges in this area:

renforcement des capacités en matière de gestion

Page 111

208)

Part B, Section III: PREVENTION**1. Has the country identified the specific needs for HIV prevention programmes?**

Yes (0)

Page 112

209)

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

dans le cadre des programme auprès des populations les plus exposées (migrants, des UDI, PS, HSH..), en milieu de travail et par la réalisation d'études qualitatives et quantitatives.

210)

1.1 To what extent has HIV prevention been implemented?

The majority of people in need
have access

HIV prevention component

Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Don't agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	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	Don't 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	Don't agree
Autres: insérer	

Page 113

211)

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?

9 (9)

212)

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

plan sectoriel de l'emploi, renforcement des plans sectoriels de la justice du plan, de la culture , des affaires islamiques, engagement des leaders culturels, Extension PSR,renforcement de la campagne sociale de communication , Elaboration du programme d'appui psychosocial , programme de proximité auprès des UDI

213)

What are remaining challenges in this area:

Problème d'accès aux populations ayant un risque accru, problèmes de stigmatisation

Page 114

214)

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

215)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

Question 1 (continued)

IF YES, how were these specific needs determined?

En se basant sur plusieurs données : les études, analyse de la réponse, PSN et PSR, file active, patients sous traitement et schéma thérapeutique.

216)

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

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

Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Agree
Home-based care	Don't agree
Palliative care and treatment of common HIV-related infections	Agree
HIV testing and counselling for TB patients	Don't agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	N/A
TB infection control in HIV treatment and care facilities	Agree
Cotrimoxazole prophylaxis in HIV-infected people	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
Autres: Accès à la prise en charge des migrants sévères	Agree

Page 116

217)

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)

218)

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

Renforcement et assurance de l'accès aux traitements aux personnes diagnostiquées
Amélioration de la décentralisation de la prise en charge des personnes vivant avec le VIH dans les régions
Préparation et mise en œuvre du programme d'accompagnement psychosocial

219)

What are remaining challenges in this area:

ressources humaines pour la prise en charge dans les régions. Amélioration du dépistage à visée diagnostique

Page 117

220)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

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

No (0)

