Survey Response Details

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Response Details

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1) Country

Pakistan (0)

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

Dr. Muhammad Imran Epidemiologist/M&E focal point

3) Postal address:

National AIDS Control Program National Institute of Health, Chakshazad Islamabad 40000 Pakistan

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92-51-9255096, 92-51-9255367-8

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7) Date of submission:

Please enter in DD/MM/YYYY format

31/03/2010

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

A list of 11 respondents for Part A and 14 respondents for Part B was identified by the UNGASS 2010 Technical Core Working Group (TCWG).Each respondent was interviewed according to the parts most relevant to them, giving an average of 6-8 respondents for each section. Face to face interviews were conducted at the convenience of 21 respondents while 4 chose to complete and

submit the questionnaire electronically. Results were tabulated and analyzed according to the following categories: a. For the standardized responses, the yes/no response was presented according to the majority and the scale-response was presented by stating the mode. If a question had somewhat equal "yes" and "no" responses and the scale reponses had more than one mode, then those specific question were left pending for consensus at the TCWG meeting. b. For the open text questions, the comments in common by most of the respondents were presented. Additional comments were subjected to consensus on their relevance.

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

Consensus for disagreements was carried out by conducting a Technical Working Committee meeting. Participants for this meeting were representatives of the NACP, UN agencies, bi-lateral agencies and civil society organizations. Questions that had disparate answers were discussed till consensus of a single answer was achieved.

10)

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

None

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11)

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

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 1	National AIDS Control Program	Dr Hasan Abbas Zaheer, Program Manager	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	Planning Commission of Pakistan	Dr Fazle-Hakeem Khattak, Chief Health	A.I, A.II
Respondent 3	Federal Ministry of Health	Dr. Azam Saleem, Joint Secretary, Planning & Division	A.I, A.II
Respondent 4	Punjab Provincial AIDS Control Program	Dr Ali Razzaque, Program Manager	A.I, A.II, A.III, A.IV, A.V
Respondent 5	Sindh Provincial AIDS Control Program	Dr Qamar Abbas, Deputy Program Manager	A.I, A.II, A.III, A.IV, A.V
Respondent 6	NWFP Provincial AIDS Control Program	Dr Rajwal, Program Manager	A.I, A.II, A.III, A.IV, A.V
Respondent 7	National AIDS Control Program	Dr Amir Maqbool, Deputy Program Manager	A.III, A.V
Respondent 8	National AIDS Control Program	Dr Muhammed Imran, Epidemiologist/ M&E Specialist	A.III, A.V
Respondent 9	National AIDS Control Program	Mr Naeem Akhtar, BCC Specialist	A.III

Respondent 10	Pakistan Institute of Medical Sciences	Dr Rizwan Kazi, HIV Treatment Specialist	A.IV
Respondent 11	National AIDS Control Program	Dr Naveeda, HIV Treatment Specialist	A. 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			

13)

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

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 1	UNAIDS	Mr Oussama Tawil	B.I, B.II, B.III, B.IV

14)

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 2	World Bank	Ms Shanaz Kazi	B.II, B.III
Respondent 3	UNODC	Dr Nadeem-u-Rehman	B.I, B.II, B.III, B.IV
Respondent 4	UNFPA	Dr Safdar Kamal Pasha	B.I
Respondent 5	WHO	Dr Qaid Saeed	B.III, B.IV

Respondent 6	UNICEF	Ms Bettina Schunter	B.II, B.III
Respondent 7	FHI	Dr Nasiruddin Nizamani	B.II, B.III
Respondent 8	Nai Zindagi	Dr Tariq Zafar	B.I, B.II
Respondent 9	Infection Control Society	Dr Rafiq Khanani	B.II, B.III, B.IV
Respondent 10	Gender and Reproductive Health Rights	Mr Aleem Baig	B.II, B.III, B.IV
Respondent 11	Pakistan Society	Dr Saleem Azam	B.II, B.III, B.IV
Respondent 12	PLHIV	Ms Shukriay Gul	B.II, B.III, B.IV
Respondent 13	Association of PLHIV&A	Mr Qasim Iqbal	B.I, B.II
Respondent 14	PLHIV	Mr Imran Zali	B.II, B.III, B.IV
Respondent 15			
Respondent 16			
Respondent 17			
Respondent 18			
Respondent 19			
Respondent 20			
Respondent 21			
Respondent 22			
Respondent 23			
Respondent 24			
Respondent 25			

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15)

Part A, Section I: STRATEGIC PLAN

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

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

Yes (0)

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

Question 1 (continued)
Period covered:

2008-13

17)

1.1 How long has the country had a multisectoral strategy?

Number of Years

5

18)

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

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

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19)

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?

Transportation sector, although included in the strategy, does not have an earmarked budget due to funding constrains and low priority.

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20)

Part A, Section I: STRATEGIC PLAN

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

Target populations	
a. Women and girls	Yes

b. Young women/young men	Yes
c. Injecting drug users	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	No
l. Human rights protection	Yes
m. Involvement of people living with HIV	Yes
n. Addressing stigma and discrimination	Yes
o. Gender empowerment and/or gender equality	Yes

21)

1.4 Were target populations identified through a needs assessment?

Yes (0)

Page 10

22)

Part A, Section I: STRATEGIC PLAN

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

Please enter the year in yyyy format

2002

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23)

Part A, Section I: STRATEGIC PLAN

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

Intravenous Drug Users, Male Sex Workers, Female Sex Workers and Hijra Sex Worker Prison inmates Long Distance Truckers Migrant workers Internally Displaced Populations Bridging population of spouses of MARPS, PLHIV and long distance truckers

24)

1.6 Does the multisectoral strategy include an operational plan?

Yes (0)

25)

1.7 Does the multisectoral strategy or operational plan include:

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

26)

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

Moderate involvement (0)

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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, all partners (0)

Page 14

29)

Part A, Section I: STRATEGIC PLAN

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

Yes (0)

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30)

Part A, Section I: STRATEGIC PLAN

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

a. National Development Plan	Yes

b. Common Country Assessment / UN Development Assistance Framework	Yes
c. Poverty Reduction Strategy	Yes
d. Sector-wide approach	Yes
e. Other: Vision 2030	Yes

31)

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

HIV-related area included in development plan(s)	
HIV prevention	Yes
Treatment for opportunistic infections	Yes
Antiretroviral treatment	Yes
Care and support (including social security or other schemes)	Yes
HIV impact alleviation	No
Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support	Yes
Reduction of income inequalities as they relate to HIV prevention/treatment, care and/or support	Yes
Reduction of stigma and discrimination	Yes
Women's economic empowerment (e.g. access to credit, access toland, training)	Yes
Other: Please specify	No

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32)

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

33)

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

34)

Part A, Section I: STRATEGIC PLAN

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

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

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35)

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):

Normally HIV testing in Pakistan follows the National Guidelines of 'Voluntary Counseling and Testing Approach' where confidentiality of the patient is maintained. For uniformed personnel opting for peacekeeping duties out of Pakistan, testing is mandatory on departure and on arrival. For migrant workers going to the Middle Eastern countries, HIV testing is mandatory as per visa requirements of host countries.

36)

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

No (0)

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37)

Part A, Section I: STRATEGIC PLAN

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

Yes (0)

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38)

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	Yes
g. Migrants/mobile populations	No
Other: Long distance truckers	No

39)

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

1. The Control of Narcotic Substances Act, 1997 criminalizes drug use and possession 2. The Hudood Ordinance of 1979, The (Punjab and West Pakistan) Suppression of Prostitution Ordinances 1961,and the Pakistan Penal Code 1860 all criminalize activities of MSM & FSW.

40)

Briefly comment on how they pose barriers:

1. Police raids on IDUs disperses them underground, out of our reach and into the general population, thereby increasing the risk of spread. 2. The Hudood ordinance categorizes FSW and MSMs a quasi-legal population making service delivery difficult

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41)

Part A, Section I: STRATEGIC PLAN

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

Yes (0)

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42)

Part A, Section I: STRATEGIC PLAN

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

Yes (0)

43)

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

Yes (0)

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44)

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)

45)

7.4 Is HIV programme coverage being monitored?

Yes (0)

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46)

Part A, Section I: STRATEGIC PLAN

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

Yes (0)

47)

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

Yes (0)

Page 27

48)

Part A, Section I: STRATEGIC PLAN

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

The MARPS including Female Sex Workers, Male Sex Workers, Hijra Sex Workers, Intravenous Drug Users, Long distance Truckers, Prison Inmates and to a lesser extent, the bridging populations

49)

Briefly explain how this information is used:

This information is used to: 1. Identify gaps and improve quality of services and design of packages 2. Modify capacity building needs 3. Assess the impact of terrorism on the HIV response, especially in NWFP

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

Question 7.4 (continued)

(c) Is coverage monitored by geographical area?

Yes (0)

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51)

Part A, Section I: STRATEGIC PLAN

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

At Provincial levels and mainly in large cities because they harbor concentrated pockets of MARPS; to a lesser extent, small towns are also monitored

52)

Briefly explain how this information is used:

It is used to: 1. Identify gaps and improve quality of services and design of packages 2. Modify capacity building needs 3. Assess the impact of terrorism on the HIV response, especially in NWFP

53)

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

Yes (0)

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54)

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)

55)

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

1. Approval of revised enhanced project plans for 2009-14 which will lead to significant upscaling of HIV prevention and control interventions. 2. Delivery of HIV prevention and control services to more than 30,000 IDUs, 25,000 MSWs/HSWs, 12,000 FSWs and 50,000 truckers all across the country. 3. Scaling-up of treatment, care and support services through establishment of 13 treatment and 7 PPTCT centers with more than 1300 PLHIV accessing free ART 4. Establishment of blood transfusion authorities to ensure safe blood transfusion in the public health sector. 5. Revival of GTZ & KFW funded Safe Blood Transfusion project 6. Two successful annual rounds of HIV surveillance in 8 major cities of the country. 7. Agreement on Oral Substitution Treatment Pilot Project 8. Development/adaptation of guidelines for syndromic management of STIs and capacity building of

public sector clinicians to manage STIs

56)

What are remaining challenges in this area:

1. The implementation of revised PC-1 in terms of capacity to deliver services to MARPs. 2. Expanded geographic coverage and access to certain MARPs in terms of policy and infrastructure. 3. Funding constrains and sustainability in achieving universal targets 4. Establishment and implementation of safe blood transfusion services in the country 5. Injection safety in public and private healthcare set ups 6. Terrorism and deteriorating security situation is presently an obstacle to service delivery particulalry in specific provinces of the country

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57)

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

58)

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

Yes (0)

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59)

2.1 IF YES, when was it created?

Please enter the year in yyyy format

2003

60)

2.2 IF YES, who is the Chair?

Name	Secretary Health
Position/title	Chairman

61)

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

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62)

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

63)

If you answer "yes" to the question "does the National multisectoral AIDS coordination body include civil society representatives", how many?

Please enter an integer greater than or equal to 1

10

64)

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

2

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65)

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

66)

Part A, Section II: POLITICAL SUPPORT

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

1. Continuous provision of care and support funded by Global Fund R-2 grant and Enhanced program through public-private partnerships where NGOs and CSOs are major implementers; 2. Active representation and participation of CSOs in a wide range National consultative meetings; several CSOs are members of the Country Coordination Merchanism (CCM); 3. All surveillance rounds conducted in partnership with CSOs and private sector

67)

Briefly describe the main challenges:

1. Funding constrains and continuity in flow of funds for sustainable services 2 Capacity issues at all levels especially in NGOs and CSOs to implement scaled-up response. 3. Deteriorating security situation is a key challenge.

68)

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)

60

69)

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

Information on priority needs	Yes
Technical guidance	Yes
Procurement and distribution of drugs or other supplies	No
Coordination with other implementing partners	Yes
Capacity-building	Yes
Other: Please specify	No

70)

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

Yes (0)

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71)

Part A, Section II: POLITICAL SUPPORT

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

No (0)

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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?

6 (6)

73)

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

1. The development and revision of new project plans (PC-1) passed in August 2009 due to personal efforts of the Federal Minister of Health 2. Sensitization of policy makers to the HIV issue and active participation of parliamentarians in HIV related activities

74)

What are remaining challenges in this area:

1. Further advocacy and BCC is needed 2. Unstable political environment 3. Rising insecurity is a key challenge 4. Lack of coordination between line departments 5. Cumbersome administrative & financial procedures of the donor agencies and the government

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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)

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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)
f. Engage in safe(r) 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)
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)

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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?	No
teacher training?	No

80)

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

No (0)

81)

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

No (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)

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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, Prison inmates, Other populations
Stigma and discrimination reduction	Injecting drug user, Men having sex with men, Sex workers, Prison inmates, Other populations
Condom promotion	Injecting drug user, Men having sex with men, Sex workers, Prison inmates, Other populations
HIV testing and counselling	Injecting drug user, Men having sex with men, 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, Prison inmates
Vulnerability reduction (e.g. income generation)	
Drug substitution therapy	Injecting drug user
Needle & syringe exchange	Injecting drug user

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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".

Long Distance Truckers

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:

1. Consensus of HIV/AIDS policy after in-depth consultations with multiple bilateral and multilateral stakeholders. Currently it is pending approval with the MOH. 2. For the first time, inclusion of HIV/AIDS in the National health policy with high risk groups mentioned as a priority category. 3. Greater involvement of media in the HIV response. 4. Religious leaders have gotten a greater understanding of the HIV/AIDS issue and shown a willingness to speak publicly 5. NACP and CSO interventions have improved implementations 6. Greater availability of ARV.

87)

What are remaining challenges in this area:

1. Major challenge is that HIV/AIDS is still not recognized as a primary health issue since our focus is still on curative rather than preventive health. 2. The bridging population between the MARPS and the general population is neglected in terms of both policy and intervention. 3. A key challenge to addressing and accessing migrant populations again in terms of policy and intervention

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88)

Part A, III. PREVENTION

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

Yes (0)

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89)

Part A, III. PREVENTION

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

1. Based on data obtained via surveys e.g. KAP surveys and different rounds of IBBS; 2. Via Situation and Response analysis and the Midterm Review of the national response conducted by government, donors, and other partners; 3. Via dialogues with MARPs and civil society; 4. Via research studies and lessons learned from best practices that were successful in similar epidemics.

90)

4.1 To what extent has HIV prevention been implemented?

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

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91)

Part A, III. PREVENTION

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

6 (6)

92)

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

1. The key achievement has been the improvement of provision of services to IDUs, FSWs, MSWs, HSWs, truckers and prison inmates; 2. Successful harm reduction programs with IDUs and successful launch of a Pilot HIV prevention services intervention for families of IDUs. Both can be attributed to improved NGO mobilization; 3. One successful rounds of IBBS among MARPs; 4. A study of STI prevalence amongst urban young men in Pakistan was conducted; 5. Increase in PLHIV registration in centers; additional achievement of increased employment opportunities for PLHIVs; 6. Stigma & discrimination Assessment Tools developed for the first time in Pakistan; successful implementation of Disclosure Strategy; 7. Development of a Service Delivery Model, a Specific Life Skills Manual, Peer Educator Toolkits and VCT training for Most at Risk Adolescents

93)

What are remaining challenges in this area:

1. The current scale of services is too low to have a significant impact on the epidemic. To avert expansion of the epidemic to a generalized level, these services should be scaled up to 60-70% i.e.

the universal access target; 2. Provision of funds for sustainability of services among MARPs has remained a challenge in 2008-9; 3. Better access to HSW and FSW still remains a challenge; 4. Rising terrorism -related security issues present an obstacle to service delivery and capacity building 5. Stigma and discrimination is still a huge challenge

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94)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

Yes (0)

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95)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1.1 IF YES, does it address barriers for women?

Yes (0)

96)

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

Yes (0)

97)

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

Yes (0)

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98)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

1. Based on evidence based data obtained via surveys e.g. KAP surveys, and IBBS conducted at different intervals; 2. Via Situation and Response analysis and the Midterm Review of the national response conducted by government, donors and other partners; 3. Via dialogues with MARPs and CSOs 4. Via research studies and import of best practices that were successful in similar epidemics

99)

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	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)	Don't agree
HIV treatment services in the workplace or treatment referral systems through the workplace	Don't agree
HIV care and support in the workplace (including alternative working arrangements)	Don't agree
Other: please specify	N/A

Page 51

100)

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)

101)

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

102)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 4 (continued)
IF YES, for which commodities?:

ARV therapy and condoms

Page 53

103)

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?

6 (6)

104)

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

1. Availability of ARV (1st & 2nd generations); pediatric drugs and co-infection drugs; 2. Availability of free diagnostics testing that including CD4, VL, rapid tests & confirmation ELISA tests; 3. Establishment of PPTCT and pediatric centers; 4. Development of the National HIV treatment guidelines and tools and training of healthcare providers on the same;

105)

What are remaining challenges in this area:

1. To provide facilities, diagnosis and treatment of other co-infections, especially HBV ands HCV in HIV infected people; 2. To improve linkages and access between MARPS, PLHIVs and the treatment centers; 3. Standardization of services in treatment centers in terms of HMIS, quality and adherence; 4. Dissemination of the National HIV Treatment Guidelines and Tools to a larger audience inclusive of private practitioners; 5. To address the financial and mobility constrains of PLHIV for regular and timely visits to the treatment centers; additional focus needed to improve accessibility of treatment centers for far-flung areas; 6. We need to address stigma and discrimination reduction on a larger scale with a focus on health care providers within the healthcare system.

Page 54

106)

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

107)

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)

108)

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

No (0)

109)

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

No (0)

Page 56

110)

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

4 (4)

111)

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

1. There are 135 children registered in thirteen HIV Treatment and Care Centers. Those registered receive all required services inclusive of ARV in pediatric suspension; 2. Development of Pediatric ART adherence tools called the National Guidelines for the Care and Support of Children; 3. Establishment of drop-in centers for street children that offer social support, nutritional care, hygiene awareness and education; 4. The first ever clinical National Pediatric HIV management workshop conducted for pediatrician training

112)

What are remaining challenges in this area:

1. Identification and accessibility to orphans/vulnerable children within our estimated HIV population is a key challenge; 2. Identification of HIV pregnant mothers who give birth out of PPTCT centers fall off our radar. We need to address this gap; 3. Capacity building for pediatric HIV management;

Page 57

113)

Part A, Section V: MONITORING AND EVALUATION

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

Yes (0)

Page 58

114)

1.1 IF YES, years covered:

Please enter the start year in yyyy format below

2008

115)

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

2013

116)

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

Yes (0)

117)

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

Yes (0)

118)

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

Yes, most partners (0)

Page 60

119)

Part A, Section V: MONITORING AND EVALUATION

2. Does the national Monitoring and Evaluation plan include?

a data collection strategy	Yes
a well-defined standardised set of indicators	Yes
guidelines on tools for data collection	No
a strategy for assessing data quality (i.e., validity, reliability)	No
a data analysis strategy	No
a data dissemination and use strategy	No

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120)

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

121)

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

Yes (0)

Page 62

122)

Part A, Section V: MONITORING AND EVALUATION

3.1 IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities?

Please enter the rounded percentage (1-100). If the percentage is less than 1, please enter "1".

10

123)

3.2 IF YES, has full funding been secured?

No (0)

124)

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

No (0)

Page 64

125)

Part A, Section V: MONITORING AND EVALUATION

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

Most of the funding for M&E in national response is from international donors, which is committed but not yet materialized.

126)

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

Yes (0)

Page 65

127)

Part A, Section V: MONITORING AND EVALUATION

Question 4 (continued)
IF YES, briefly describe how often a national M&E assessment is conducted and what the assessment involves:

Feedback from stakeholders and key partners plus HASP data is used to modify the general M&E framework. Usually, it is an ongoing process and amendments are made as and when required.

128)

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

Yes (0)

Page 66

129)

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

in the National AIDS Commission (or equivalent)?	Yes
in the Ministry of Health?	No
At provincial level	Yes

130) **Number of permanent staff:**

Please enter an integer greater than or equal to 0

1

131) **Number of temporary staff:**

Please enter an integer greater than or equal to 0

3

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132)

Part A, Section V: MONITORING AND EVALUATION

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

	Position	Full time/Part time?	Since when? (please enter the year in yyyy format)
Permanent staff 1	Epidemiologist	Full time	2006
Permanent staff 2			

Permanent staff 3
Permanent staff 4
Permanent staff 5
Permanent staff 6
Permanent staff 7
Permanent staff 8
Permanent staff 9
Permanent staff 10
Permanent staff 11
Permanent staff 12
Permanent staff 13
Permanent staff 14
Permanent staff 15

133)

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

	Position	Full time/Part time?	Since when? (please enter the year in yyyy format)
Temporary staff 1	M&E Specialist	Full time	2007
Temporary staff 2	Data Entry Operator	Full time	2006
Temporary staff 3	IT Support Officer	Full time	2006
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			

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134)

Part A, Section V: MONITORING AND EVALUATION

5.3 IF YES, are there mechanisms in place to ensure that all major implementing partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?

Yes (0)

Page 69

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

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

1. The routine monitoring data from NGOs is reported to Provincial AIDS Programs and is shared regularly with National Program for consolidation and review; 2. The evaluation studies are conducted as annual evaluation rounds by a third party firm and shared with all stakeholders; 3. The outcome indicators are captured through annual bio-behavioral surveillance conducted by HIV Surveillance Project team, which has its presence at both national and provincial levels;

136)

What are the major challenges?

1. The current M&E system has a weak organizational structure, especially at the provincial levels; 2. The human resource availability, especially M&E related technical staff is scarce at the provincial and grass-root levels; 3. The M&E plan has not yet been costed. The present activities are reflected in the budget of Enhanced program, the finances against which are not yet available; 4. Considerable effort will be needed to establish ONE HIV M&E system; 5. The data collection tools and protocols are not yet fully developed and need revision and standardization; 6. There is no computerized MIS system at the national and provincial levels. Some NGOs do have their own MIS systems, but need up-gradation and standardization as per the requirement of national M&E system.

Page 70

137)

Part A, Section V: MONITORING AND EVALUATION

6. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?

Yes, but meets irregularly (0)

138)

6.1 Does it include representation from civil society?

Yes (0)

Page 71

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

Question 6.1 (continued)
IF YES, briefly describe who the representatives from civil society are and what their role is:

1. NGOs working with MARPs 2. PLHIV 3. Academic and research institutions. All play the same role of reviewing overall implementation of M&E related activities and provide guidelines towards progressing to one M&E system.

140)

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

Yes (0)

Page 72

141)

Part A, Section V: MONITORING AND EVALUATION

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

It is based in the NACP and data is mainly from the annual bio-behavioral services. It is jointly managed by NACP and HASP

142)

7.2 IF YES, does it include information about the content, target populations and geographical coverage of HIV services, as well as their implementing organizations?

Yes, but only some of the above (0)

Page 73

143) **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.

the content of the HIV services (0)
target populations (0)

144)

7.3 Is there a functional* Health Information System?

At national level	Yes
At subnational level	Yes

Page 74

145) **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)?

The HMIS exist on provincial level; However for both levels, it is not HIV specific

146)

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

surveillance data?

Yes (0)

147)

9. To what extent are M&E data used

9.1 in developing / revising the national AIDS strategy?:

4 (4)

148)

Provide a specific example:

Programatic data as well as data from 3 previous rounds was used to develop the enhanced HACP and the global funds rounds 7,8,and 9 proposals

149)

What are the main challenges, if any?

1. Data usage at implemntation level for program improvement needs more focus 2. Data is not of high quality 3. Capacity issues in terms of doing research and translating it in a meaningful manner

Page 75

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

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

4 (4)

151)

Provide a specific example:

Costing of the enhanced HACP, the National Strategic Framework and the Global Rounds 8 & 9 proposals

152)

What are the main challenges, if any?

Utilization of M&E data at implementation level for improvement of the program is lacking

Page 76

153)

Part A, Section V: MONITORING AND EVALUATION

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

3 (3)

154)

Provide a specific example:

1. M&E data is used by NGOs for improvement of their service delivery 2. M&E data is used at national and provincial levels to prioritize services for high risk groups in terms of their geographic location

155)

What are the main challenges, if any?

The main challenge is technical capacity issues at service delivery level. NGOs need to strengthen evidence based programming

Page 77

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

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

Yes, but only addressing some levels (0)

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

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

at national level (0)
at subnational level (0)

158)

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

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

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

Please enter an integer greater than 0

50

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

Please enter an integer greater than 0

100

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

Please enter an integer greater than 0

250

Page 80

162)

Part A, Section V: MONITORING AND EVALUATION

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

Yes (0)

Page 81

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

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

1. Participation in international conferences and workshops for capacity building 2. Exposure visits to various countries with M&E systems in place

Page 82

164) **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)

165)

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

1. Development of the National M&E Framework/Plan 2. Establishment of a M&E Working Group 3. Minimal resource allocation for operations of M&E 4. Agreement on national level core indicators

166)

What are remaining challenges in this area:

1. Putting the M&E plan into operation 2. We need to strengthen the existing M&E units at national and provincial levels including public and private sectors 3. Capacity building at all levels

of M&E

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167)

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

168)

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

No (0)

Page 86

169)

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

170)

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	Yes
g. Migrants/mobile populations	No
Long Distance Truckers	No

171)

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

1. The Control of Narcotic Substances Act, 1997 criminalizes drug use and possession; 2. The Hudood Ordinance of 1979 declares non-marital sex and homosexuality as offences punishable under this law. 3. The(Punjab and West Pakistan) Suppression of Prostitution Ordinances 1961 and the Pakistan Penal Code 1860 criminalize activities of all sex workers including FSW, MSW and HSW.

172)

Briefly comment on how they pose barriers:

1. Police raids on IDUs pushes them underground, out of our reach and into the general population, thereby increasing the risk of HIV spread 2. All sex workers and MSM fall into the category of a quasi-legal population which naturally makes steady, consistent service delivery a difficult task, thereby diluting the impact of our activities

Page 88

173) **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

174)

Part B, Section I. HUMAN RIGHTS

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

The policy is in draft shape and awaiting Governmnet approval

175)

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

176)

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

Yes (0)

Page 91

177)

Part B, Section I. HUMAN RIGHTS

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

1. PLHIV have been part of the development of HIV policy/ design of the Enhanced HIV/AIDS programme 2. During Global Fund proposal development for rounds 8 & 9, the PLHIV played a critical role 3. PLHIV also participated in several global fund meetings 4. MARPS/ NGO providing services to them are members of the CCM

178)

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

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

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179)

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:

Steps in place are as follows: 1. All 1st and 2nd generation ARV drugs and diangistic tests of CD4, Viral Load and Elisa are available for free at treatment centers 2. Harm reduction programs, inclusive of Needle Exchange Program are in place for IDUs 3. Condom promotion and provision is available for all MARPs 4. HIV testing and counseling is available for all MARPs Barriers faced are: 1. HIV related co-infections (except TB) and routine tests are not supported and patients have to either pay out of pocket or access the various organizations of PLHIV who have grants from different funding agencies for provision of these facets of treatment. Access to these organizations is a barrier due to lack of communication and knowledge of their existence. 2. Financial constrains and inadequate skill power 3. Stigma, especially against the Hijra community is high, inhibiting entry into treatment centers without fear of discrimination. Hijras, as a lifestyle, opt for voluntary castration which is not supported by our centers forcing them to opt for traditional methods that are unhygienic and dangerous.

180)

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

181)

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?

No (0)

182)

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

Yes (0)

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183)

Part B, Section I. HUMAN RIGHTS

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

Pakistan has a concentrated epidemic; Hence all services centers providing prevention, treatment, care and support are targeted towards the MARPs and OVCs

184)

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

Yes (0)

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185)

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:

1. Treatment centers are located in public sector hospitals that are easily accessible to all citizens. Barriers to IDUs and Hijra sex workers[HSWs] are addressed by facilitating their access to treatment, care and support via CSOs 2. Preventive services provided through community based organization/CSOs that establish centers in specific localities commonly frequented by MARPs

186)

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

No (0)

187)

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

Yes (0)

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188)

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)

189)

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

The Ethical Review Committee has members representing the civil society except PLHIVs because the latter have recently organized themselves. The Ethical Review Committee ensures: 1. No human rights violation 2. Confidentiality and compensation 3. That data is not disseminated without designated approval 4. Subjects' health is not adversly affected

Page 97

190)

– 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)

191)

– 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)

192)

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

No (0)

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193)

Part B, Section I. HUMAN RIGHTS

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

The Human Rights Commission of Pakistan exists but it does not focus on HIV rights. However, the Association of PLHIV protects and advocates for HIV related human rights

Page 99

194)

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)

195)

– Legal aid systems for HIV casework

No (0)

196)

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

No (0)

197)

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

Yes (0)

198)

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

Yes (0)

Page 100

199)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)
IF YES, what types of programmes?

Media	**Yes**
School education	**No**
Personalities regularly speaking out	**Yes**
Pakistan Chapter of a regional study developing the "PLHIV Stigma Index" is currently under process	**Yes**

Page 101

200)

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)

201)

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

The Supreme Court decision to give inclusive rights to the Hijras/transgenders; Although this ruling is not HIV related, it is a key achievement for the transgender community in Pakistan

202)

What are remaining challenges in this area:

Human Rights issues in general are itself an enormous challenge in Pakistan. As Pakistan has a concentrated epidemic and HIV related human rights violations are not that common or obvious because of less number of known/visible cases. However, Human rights related to HIV status is an area addressed in the HIV policy and HIV and AIDS law and its approval from the Government and parliament respectively is a challenge for the HIV response.

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203)

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?

2 (2)

204)

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

1. HIV/AIDS policy development 2. HIV and AIDS law and act development

205)

What are remaining challenges in this area:

Approval of the HIV policy and Law from Government and Parliament respectively

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206)

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?

3 (3)

207)

Comments and examples:

1. For the first time, an HIV sub-committee of the parliament was constituted and the committee held sessions to discuss the national response. This session was participated by CSO, PLHIV and MARP representatives. 2. Representation of parliamentarians in HIV activities at national and international level. 3. Parliamentarians entered into dialogue with CSOs on a range of HIV issues.

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208)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

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

3 (3)

209)

Comments and examples:

1. They participated in the consultative meetings for the development of Enhanced HIV and AIDS programme and National Strategic Framework 2. They participated in the development of the Global Fund Proposals 3. Involvement in budgeting and planning of activities

Page 105

210)

a. the national AIDS strategy?

4 (4)

211)

b. the national AIDS budget?

4 (4)

212)

c. national AIDS reports?

3 (3)

213)

Comments and examples:

Civil society organizations are the key actors in the provision of prevention and care and support services. Strong linkages exist between the government and PLHIV networks and association of PLHIV in the provision of treatment services as well.

Page 106

214)

a. developing the national M&E plan?

3 (3)

215)

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

3 (3)

216)

c. M&E efforts at local level?

3 (3)

217)

Comments and examples:

Civil society is an active participant in the M&E activities and is a proactive member of the M&E working group.

Page 107

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

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

3 (3)

219)

Comments and examples:

1. Depends on the level; There is more participation on ground level and less on policy level 2. Depends on the MARP group. Sex workers have no organizations, Hijra Organizations are minimally involved while faith-based and PLHIV organizations are involved to a much greater extent because of their capacity and proactive role

Page 108

220)

a. adequate financial support to implement its HIV activities?

3 (3)

221)

b. adequate technical support to implement its HIV activities?

3 (3)

222)

Comments and examples:

1. Funding opportunities in 2009 have been scarce and sustainability of the few available grants has been precarious. 2. There are very few technical organization and lack of funding makes them further inaccesible 3. NGOs dealing with FSW,IDU and MSM recieved both funding and technical support and have yielded satisfactory results. However, NGOs dealing with other vulnerable groups have recieved limited technical assistance. 4, In general civil society organizations and PLHIV have equal opportunities for technical assistance from UN system and other development partners

Page 109

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

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

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

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

Page 110

224)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

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

6 (6)

225)

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

1. The participation of CSOs has gone up considerably in an institutionalized manner. 2. Overall capacity building for service delivery has improved. 3. The Association for PLHIV has expanded and is involved in several activities. 4. The Government has acknowledged and accepted the critical role of CSO participation especially in NWFP and Balochistan where MARPs are spread over extensive geographic areas and this itself is a major achievement.

226)

What are remaining challenges in this area:

1. Availability and sustainability of funding 2. Availability of technical capacity even within governmental organizations particularly in NWFP and Baluchistan. 3. Availability of services in far flung areas needs to improve. Here community based mobilization groups need to play a greater role 4. The need for more focus on stigma and discrimination reduction

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Part B, Section III: PREVENTION

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

Yes (0)

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228)

Part B, Section III: PREVENTION

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

1. Based on evidence obtained via surveys e.g. KAP, Three rounds of IBBS conducted on annual basis by NACP 2. Through Situation and Response Analysis and the Mid-term Review by the government and supported by development partners 3. Dialogues with high risk groups and CSOs

4. Via research studies and import of best practices that were successful in similar epidemics

229)

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	Don't agree
Prevention of mother-to-child transmission of HIV	Don't agree
IEC* on risk reduction	Don't agree
IEC* on stigma and discrimination reduction	Don't agree
Condom promotion	Agree
HIV testing and counselling	Don't agree
Harm reduction for injecting drug users	Agree
Risk reduction for men who have sex with men	Agree
Risk reduction for sex workers	Agree
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	Don't agree
HIV prevention for out-of-school young people	Don't agree
HIV prevention in the workplace	Don't agree
Other: please specify	N/A

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230)

Part B, Section III: PREVENTION

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

6 (6)

231)

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

1. Scaling up of prevention services for MSW, HSW, FSW and prison inmates; raised awareness of HIV related issues amongst the same 2. Successful harm reduction programs with IDUs; Successful launch of a pilot HIV prevention services intervention for families of IDUs; Both can be attributed to improved NGO mobilization. 3. Two rounds of surveillance [IBBS]; A study of STI prevalence amonst urban young men in Pakistan was conducted. 4. Increase in PLHIV registration in centers; additional achievement of increased employment opportunities for PLHIV 5. Stigma and Discrimination Assessment Tools developed for the first time in Pakistan; successful implementation of Disclosure Strategy 6. Development of a Service Delivery Model, Specific Life Skills Manual, Peer Educator Toolkits and VCT training for Most At Risk Adolescents

232)

What are remaining challenges in this area:

1. The current scale of these services is too low to have a significant impact on the epidemic. To avert expansion of the epidemic, these services need to be scaled up to 60-70%, the universal access target 2. Sustainability of funding for prevention services delivery has been a challenge in 2009 3. Better access to HSW and FSW still remains a challenge 4. Increasing terrorism-related security issues present an obstacle to service delivery and capacity building; stigma and discrimination is still a huge challenge

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233)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

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

Yes (0)

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234)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

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

1. Based on evidence obtained via surveys e.g. KAP, Three rounds of IBBS conducted on annual basis by NACP 2. Through Situation and Response Analysis and the Mid-term Review by the government and supported by development partners 3. Dialogues with high risk groups and CSOs 4. Via research studies and import of best practices that were successful in similar epidemics

235)

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

	The majority of people in need have access
HIV treatment, care and support service	
Antiretroviral therapy	Agree
Nutritional care	Don't agree
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Don't agree
Home-based care	Don't agree
Palliative care and treatment of common HIV-related infections	Agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Agree

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

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236)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

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

6 (6)

237)

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

1. Availability of 1st and 2nd generation ARV drugs, pediatric and co-infection drugs and treatmnet for OIs. 2. Availability and access to free of cost CD4, Viral Load, Rapid tests and confirmation ELISA tests. 3. Establishment of PPTCT and pediatric centers 4. Development of National HIV treatment guidelines and tools and training of healthcare providers on the same

238)

What are remaining challenges in this area:

1. To provide diagnostic and treatment services of other co-infections, especially for HBV and HCV in HIV infected people. 2. To improve linkages and coordination among organization providing servcies to MARPs, PLHIVs and the treatment centers 3. Standardization of services in treatment centers in terms of HMIS, quality and adherence 4. Dissemination of the National HIV Treatment Guidelines and Tools to a larger audience inclusive of private practitioners 5. To address the financial and mobility constrains of PLHIV for regular and timely visits to the treatment centers; additional focus needed to improve accessibility of treatment centers for far-flung areas 6. We need to address stigma and discrimination reduction on a larger scale with a focus on healthcare providers within the healthcare system

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Part B, Section IV: TREATMENT, CARE AND SUPPORT

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

Yes (0)

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240)

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)

241)

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

No (0)

242)

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

No (0)

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243)

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

4 (4)

244)

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

1. There are 135 children registered in thirteen HIV Treatment and Care Centers. Those registered receive all required services inclusive of ARV in pediatric suspension 2. Development of Pediatric ART adherence tools – The National Guidelines for the Care and Support of Children 3. Establishment of drop-in centers for street children that offer social support, nutritional care, hygiene awareness and education 4. The first ever clinical National Pediatric HIV management workshop conducted for pediatrician training.

245)

What are remaining challenges in this area:

1. Identification and accessibility to orphans/vulnerable children within our estimated HIV population is a key challenge 2. Identification of HIV pregnant mothers who give birth out of PPTCT centers fall off our radar. We need to address this gap 3. Capacity building for pediatric HIV management