

Survey Response Details

Response Information

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Response Details

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- 1) **Country**
Mali (0)
- 2) **Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:**
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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 partir de l'atelier d'orientation (qui a regroupé tous les acteurs impliqués dans la lutte contre le VIH et le SIDA), les participants ont organisés les différentes structures habilitées à collecter des informations concernant la partie A et B de l'indice composite. Ainsi pour la partie A, les structures responsabilisées étaient les suivantes: - Secrétariat Exécutif du HCNLS - HCNLS - CSLS/MS -

CSLS des autres Ministères - CSCRP Pour la partie B : - GP/SP - RMAP+ - RMAP+ - AFAS AMAS - ARCAD Sida, - Coalition du Secteur Privé - ONG (Nationales&internationales - AMDH - GTSEN - PTF/Sida A partir de ce moment, ces différentes structures ont eu différentes séances de travail afin de compiler et de valider les données/ informations qui ont suscité souvent des questions d'éclaircissement ayant abouti en des consensus.

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

Les différents point de désaccords issus de ces discussions ont eu leur résolution à travers le Groupe Technique de Suivi Evaluation National.

10)

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

Rien à signaler

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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	SE/HCNLS Daouda Y DIAKITE/ Chef de Département Planification et Suivi Evaluation	A.I, A.II, A.III, A.IV, A.V

12)

	Organization Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 2	SE/HCNLS Guédiouma TANGAR/ Responsable des bases de données	A.I, A.II, A.III, A.IV, A.V
Respondent 3	SE/HCNLS Mamadou O BAH/ Chargé de la cartographie	A.I, A.II, A.III, A.IV, A.V
Respondent 4	SE/HCNLS Adame TRAORE/ Chargé de collecte des données	A.I, A.II, A.III, A.IV, A.V
Respondent 5	SE/HCNLS Dr Thiero Fatoumata/ Chargé de collecte des données	A.I, A.II, A.III, A.IV, A.V
Respondent 6	CSLS/MS Dr Diakalia KONE/ Chargé de suivi évaluation	A.I, A.II, A.III, A.IV, A.V
Respondent 7	CSLS/MS Mamadou HAIDARA/ Gestionnaire de données	A.I, A.II, A.III, A.IV, A.V
Respondent 8	CSLS/MS Dr Oman DEMBELE/ Charge de la surveillance épidémiologique	A.I, A.II, A.III, A.IV, A.V
Respondent 9	CSLS/MDAC Médecin Colonel Elimane MARIKO/ Coordinateur	
Respondent 10	CSLS/MEALN Mady KEITA/ Coordinateur	
Respondent 11	CSCR P Mady KEITA	

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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	Groupe Pivot Santé Population (GP/SP)	Souleymane DOLO/ Directeur Exécutif	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	Groupe Pivot Santé Population (GP/SP)	Oumar Allaye DIALLO/ Chargé de Suivi Evaluation	B.I, B.II, B.III, B.IV
Respondent 3	Groupe Pivot Santé Population (GP/SP)	Dilola KEITA/ Conseiller Prévention et Prise en charge du VIH et du SIDA	B.I, B.II, B.III, B.IV
Respondent 4	Groupe Pivot Santé Population (GP/SP)	Alfousseyni SANGARE/ Chargé des programmes	B.I, B.II, B.III, B.IV
Respondent 5	Groupe Pivot Santé Population (GP/SP)	Modibo SIDIBE/ Chef comptable	B.I, B.II, B.III, B.IV
Respondent 6	RMAP+	Modibo KANE/ Président	B.I, B.II, B.III, B.IV

Respondent 7	ARCAD Sida	Bassirou DIALLO/ Chargé de programme	B.I, B.II, B.III, B.IV
Respondent 8	ARCAD Sida	Adame YATTASSAYE/ Chargé de programme	B.I, B.II, B.III, B.IV
Respondent 9	Coalition du Secteur Privé	Moctar DIALLO/ Coordinateur	B.I, B.II, B.III, B.IV
Respondent 10	ONUSIDA Mali	Félicité NSABIMANA/ Conseillère en Suivi Evaluation	B.I, B.II, B.III, B.IV
Respondent 11			
Respondent 12			
Respondent 13			
Respondent 14			
Respondent 15			
Respondent 16			
Respondent 17			
Respondent 18			
Respondent 19			
Respondent 20			
Respondent 21			
Respondent 22			
Respondent 23			
Respondent 24			
Respondent 25			

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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:**

2006 - 2010

17)

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

9

18)

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

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

Page 819) **Part A, Section I: STRATEGIC PLAN****Question 1.2 (continued)****If "Other" sectors are included, please specify:**

Agriculture, Finances, Ressources humaines, Justice, Energie et Mines, Planification, Travaux Publics, Tourisme, Commerce et Industrie

Page 9

20)

Part A, Section I: STRATEGIC PLAN**1.3 Does the multisectoral strategy address the following target populations, settings and crosscutting issues?**

Target populations	
a. Women and girls	Yes
b. Young women/young men	Yes
c. Injecting drug users	No

d. Men who have sex with men	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

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

2005

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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?**

- Femmes et Filles - Jeunes femmes / Jeunes hommes - Professionnel(les)s du sexe - Porteurs d'uniformes - Travailleurs des mines - Routiers / Transporteurs / coxeurs (intermédiaires) - Hommes ayant des rapports sexuels avec des hommes - Orphelins et autres enfants vulnérables - Travailleurs migrants - aides familiales - vendeuses ambulantes - Populations déplacées

24)

1.6 Does the multisectoral strategy include an operational plan?

Yes (0)

25)

1.7 Does the multisectoral strategy or operational plan include:

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

26)

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

Active involvement (0)

Page 12

27)

Part A, Section I: STRATEGIC PLAN

Question 1.8 (continued)

IF active involvement, briefly explain how this was organised:

Les PVVIH, les ONGs, Associations et Religieux ont été impliqués à chaque niveau aux travaux des ateliers régionaux d'analyse situationnelle, d'évaluation des besoins.. Ils ont également participé à l'atelier national d'orientation et de validation du Cadre Stratégique National (CSN) et à l'adoption du CSN au niveau du HCNLS où la Société Civile est représentée pour 1/3.

28)

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

Yes (0)

29)

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

Yes, some partners (0)

Page 13

30)

Part A, Section I: STRATEGIC PLAN

Question 1.10 (continued)

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

L'élaboration du CSN a été postérieure à la mise en place des programmes de certains partenaires (bilatéraux, multilatéraux). Cependant ceux qui ont élaboré des programmes après le CSN se sont conformés à celui-ci.

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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)	No
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	

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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)

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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)

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36)

Part A, Section I: STRATEGIC PLAN

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

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

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37)

Part A, Section I: STRATEGIC PLAN

Question 4.1 (continued)

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

Le test de dépistage est volontaire au niveau des forces armées et de sécurité au Mali. L'approche suit la politique nationale conformément aux normes et politiques de dépistage en vigueur au Mali.

38)

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

Yes (0)

Page 20

39)

Part A, Section I: STRATEGIC PLAN**5.1 IF YES, for which subpopulations?**

a. Women	Yes
b. Young people	Yes
c. Injecting drug users	Yes
d. Men who have sex with men	Yes
e. Sex Workers	Yes
f. Prison inmates	Yes
g. Migrants/mobile populations	Yes
Personnes infectées ou affectée, orphelins et enfants vulnérables	Yes

40)

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

Le Mali a élaboré une loi générale (Loi N°06/028 du 29 juin 2006) fixant les règles relatives à la prévention, la prise en charge et le contrôle du VIH/SIDA) - Large diffusion de la loi sous forme de brochures, d'affiches par RMAP+ et le SE-HCNLS - Implication de la ligue des juristes pour le développement et droits humains des PVVIH - Formation des leaders PVVIH en Droits Humains et VIH - Installation des cliniques juridiques au niveau de certaines Directions Régionales de la Promotion de la Femme de l'Enfant et de la Famille

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41)

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

No (0)

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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)

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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)

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49)

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

Hommes, Femmes, Jeunes

50)

Briefly explain how this information is used:

L'information est utilisée dans la prise de décision, la planification et l'affectation des ressources

Page 2851) **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)?**

Les 8 régions (Kayes, Koulikoro, Sikasso, Ségou, Mopti, Tombouctou, Gao, Kidal) et le District de Bamako, les cercles et les communes.

53)

Briefly explain how this information is used:

Compilation des rapports périodiques conformément au Système National d'Information Sanitaire et transmission au niveau central / National

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)

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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?**

9 (9)

56)

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

- Plan opérationnel 2007- 2010 - Plan de décentralisation de la prise en charge globale - Plan de renforcement du système d'approvisionnement en intrants et le Plan GAS - Guide sur l'extension de la prise en charge pédiatrique, - Guide sur l'extension de la couverture d'offre de service pour la réduction de la transmission mère-enfant du VIH - Guide d'utilisation de nouvelles méthodes de diagnostic pour la prise en charge rapide des enfants exposés au risque de transmission - PRODESSII prolongé et son CDMT - Plan de renforcement des Ressources Humaines - Plan d'assistance technique

57)

What are remaining challenges in this area:

- Insuffisance de ressources humaines, matérielles et logistique pour le renforcement du système de santé - Insuffisance dans le développement de la recherche opérationnelle - Absence d'identification d'un mécanisme de financement alternatif pérenne

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58)

Part A, Section II: POLITICAL SUPPORT

1. Do high officials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year?

President/Head of government	Yes
Other high officials	Yes
Other officials in regions and/or districts	Yes

59)

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

Yes (0)

Page 32

60)

2.1 IF YES, when was it created?

Please enter the year in yyyy format

2004

61)

2.2 IF YES, who is the Chair?

Name	SE Amadou Toumani TOURE
Position/title	Président de la République

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?	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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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

48

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

13

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

2

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66)

Part A, Section II: POLITICAL SUPPORT

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

Yes (0)

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67)

Part A, Section II: POLITICAL SUPPORT

Question 3 (continued)

IF YES, briefly describe the main achievements:

- Adoption d'une déclaration de politique - Restructuration du HCNLS (1/3 des membres sont du secteur Public, 1/3 des membres sont du secteur Privé et 1/3 des membres sont de la Société Civile) - Elaboration du CSN et du Plan Opérationnel du CSN - Mise en place des Structures décentralisées du HCNLS : CRLS, , CCLS, CLLS ... et du SE - Introduction du volet Sida dans le Cadre Stratégique de Croissance et de Réduction de la Pauvreté - Groupe Technique National de Suivi Evaluation des programmes de lutte contre le Sida - Forum des partenaires

68)

Briefly describe the main challenges:

Insuffisance de personnel Mobilité du personnel

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	Yes
Coordination with other implementing partners	Yes
Capacity-building	Yes
Autres: Célébration des journées de lutte contre le VIH et Sida	Yes

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?**

9 (9)

73)

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

- Plan opérationnel 2007- 2010 - Plan de décentralisation de la prise en charge globale - Plan de renforcement du système d'approvisionnement en intrants et le Plan GAS - Guide sur l'extension de la prise en charge pédiatrique, - Guide sur l'extension de la couverture d'offre de service pour la réduction de la transmission mère-enfant du VIH - Guide d'utilisation de nouvelles méthodes de diagnostic pour la prise en charge rapide des enfants exposés au risque de transmission - PRODESSII prolongé et son CDMT - Plan de renforcement des Ressources Humaines - Plan d'assistance technique

74)

What are remaining challenges in this area:

- Insuffisance de ressources humaines, matérielles et logistique pour le renforcement du système de santé - Insuffisance dans le développement de la recherche opérationnelle - Absence d'identification d'un mécanisme de financement alternatif pérenne

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

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? Yes
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)

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

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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".

- Transporteurs - Personnes du secteur informel - PVVIH

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85)

Part A, III. PREVENTION

Question 3.1 (continued)

Overall, how would you rate the policy efforts in support of HIV prevention in 2009?

9 (9)

86)

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

- Création de sites CDV : 260 - Elaboration des normes et politiques pour le dépistage - Intégration des besoins de l'ensemble des acteurs dans les GAP de financement - - Mise en œuvre de la Stratégie avancée de dépistage du VIH - Création de sites PTME : 229 - Mise à disposition de 12 889 463 de préservatifs à tous les niveaux en 2009 - Création d'associations de PVVIH

87)

What are remaining challenges in this area:

- Stigmatisation - Insuffisance dans la couverture des structures de prévention, PTME, CDV - Insuffisance de moyens financiers

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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?

- Etude de la vulnérabilité des jeunes face au VIH - Enquêtes ISBS, Surveillance Sentinelle, EDSM - Rencontres (réunions de concertation et de planification, ateliers etc.) avec la participation de l'ensemble des acteurs des secteurs Public, Privé, Société Civile et partenaires techniques et financiers

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	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	N/A
Risk reduction for men who have sex with men	Agree
Risk reduction for sex workers	Agree
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	Agree
HIV prevention in the workplace	Agree
Autres: Prévention au sein d'autres groupes à risques	Agree

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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?

9 (9)

92)

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

- Création de sites CDV : 260 - Elaboration des normes et politiques pour le dépistage - Intégration des besoins de l'ensemble des acteurs dans les GAP de financement - - Mise en œuvre de la Stratégie avancée de dépistage du VIH - Création de sites PTME : 229 - Mise à disposition de 12 889 463 de préservatifs à tous les niveaux en 2009 - Création d'associations de PVVIH

93)

What are remaining challenges in this area:

- Stigmatisation - Insuffisance dans la couverture des structures de prévention, PTME, CDV - Insuffisance de moyens financiers

Page 48

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)

Page 49

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)

Page 50

98)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 2 (continued)

IF YES, how were these determined?

- Etude sur la prise en charge des OEV - Missions de suivi et de supervision - Revues annuelles - Rencontres (réunions de concertation et de planification, ateliers etc.) avec la participation de l'ensemble des acteurs des secteurs Public, Privé, Société Civile et partenaires techniques et financiers

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	Agree
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Agree
Home-based care	Agree
Palliative care and treatment of common HIV-related infections	Agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	Agree
TB infection control in HIV treatment and care facilities	Agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Agree
HIV treatment services in the workplace or treatment referral systems through the workplace	Agree
HIV care and support in the workplace (including alternative working arrangements)	Agree
Autres programmes: insérer	

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?

No (0)

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?

9 (9)

103)

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

- Sites de Prise en charge ARV adultes: 68 - Sites de prise en charge pédiatrique : 45 - Patients

sous ARV (Adultes et enfants): initiés : 29 260 suivis : 21 100 - Appuis à 10614 OEV

104)

What are remaining challenges in this area:

- Insuffisance de couverture par le laboratoire pour le suivi biologique des patients sous ARV - Mécanisme de gestion des personnes sous ARV perdues de vue - Insuffisance dans la prise en charge des OEV - Insuffisance de moyens financiers

Page 54

105)

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

106)

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)

107)

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

Yes (0)

108)

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

Yes (0)

Page 56

109)

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

Please enter the rounded percentage (0-100)

17

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:

Elaboration du Plan national de prise en charge des OEV

112)

What are remaining challenges in this area:

Insuffisance dan la prise en charge des OEV

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

2006

115)

1.1 IF YES, years covered:

Please enter the end year in yyyy format below

2010

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	Yes
a strategy for assessing data quality (i.e., validity, reliability)	Yes
a data analysis strategy	Yes
a data dissemination and use strategy	Yes

Page 61

120)

Part A, Section V: MONITORING AND EVALUATION

Question 2 (continued)

If you check "YES" indicating the national M&E plan include 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".

4

123)

3.2 IF YES, has full funding been secured?

No (0)

124)

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

Yes (0)

Page 64

125)

Part A, Section V: MONITORING AND EVALUATION**Question 3.2 (continued)**

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

- insuffisance de ressources humaines qualifiées pour les activités S&E -Insuffisance de fonds alloués au S&E

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:

Annuelle avec la revue des programmes

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?
 ailleurs ? (insérer)

130) Number of permanent staff:

Please enter an integer greater than or equal to 0
 7

131) Number of temporary staff:

Please enter an integer greater than or equal to 0
 0

Page 67

132)

Part A, Section V: MONITORING AND EVALUATION

Question 5.2 (continued)

Please describe the details of all the permanent staff:

	Position	Full time/Part time?	Since when? (please enter the year in yyyy format)
Permanent staff 1	Chef Département Planification Stratégique, Suivi Evaluation	Full time	2004
Permanent staff 2	Chargé de collecte et traitement des données	Full time	2008
Permanent staff 3	Chargé de collecte et traitement des données	Full time	2008
Permanent staff 4	Chargé de l'informatique et sites Web	Full time	2006
Permanent staff 5	Chargé de Gestion Programmatique	Full time	2008
Permanent staff 6	Chargé de la Cartographie	Full time	2006
Permanent staff 7	Responsable des Bases de données	Full time	2009
Permanent staff 8			
Permanent staff 9			
Permanent staff 10			
Permanent staff 11			
Permanent staff 12			
Permanent staff 13			

Permanent
staff 14
Permanent
staff 15

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133)

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 69134) **Part A, Section V: MONITORING AND EVALUATION****Question 5.3 (continued)****IF YES, briefly describe the data-sharing mechanisms:**

Le Groupe Technique de Suivi Evaluation National (GTSEN) se réunit et procède au partage des données

135)

What are the major challenges?

- Difficultés de collectes de données - Problèmes de financement

Page 70

136)

Part A, Section V: MONITORING AND EVALUATION

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

Yes, meets regularly (0)

137)

6.1 Does it include representation from civil society?

Yes (0)

Page 71138) **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:

- Réseau Malien des Associations des Personnes vivants avec le VIH (RMAP+) : 2ième vice président du GTSEN, vice président du CCM - Groupe Pivot Santé Population (Coordination d'ONG et d'Associations) : membre du GTSEN et du CCM - ARCADSIDA : membre du GTSEN et du CCM Participation active aux activités de collecte, validation des données, contrôle de qualité et diffusion des informations.

139)

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

Yes (0)

Page 72

140)

Part A, Section V: MONITORING AND EVALUATION

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

- Base de données national pour le secteur santé à la CPS/MS - Base de données centrale multisectorielle en cours de finalisation au SE/HCNLS avec CRIS3

141)

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

142)

7.3 Is there a functional* Health Information System?

At national level	Yes
At subnational level	Yes

Page 74

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.

For Question 7.3, you have indicated "Yes" to "subnational level", please specify at what level(s)?

Niveau du District

144)

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

Yes (0)

145)

9. To what extent are M&E data used

9.1 in developing / revising the national AIDS strategy?:

4 (4)

146)

Provide a specific example:

Elaboration des stratégies de dépistage , prise en charge et soutien

Page 75

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

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

4 (4)

148)

Provide a specific example:

- allocation de ressources aux programmes consacrés aux groupes à risque et de PTME ainsi que l'approvisionnement en ARV. S'il y en a, quels sont principaux obstacles ? - Non flexibilité des financements des partenaires

Page 76

149)

Part A, Section V: MONITORING AND EVALUATION

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

4 (4)

150)

Provide a specific example:

- Installation des CCDV en fonction des prévalences et besoin de la population S'il y en a, quels sont principaux obstacles ? - Non flexibilité des financements des partenaires

Page 77

151) **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

152)

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 79153) **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

33

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

Please enter an integer greater than 0

7

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

Please enter an integer greater than 0

11

Page 80

156)

Part A, Section V: MONITORING AND EVALUATION

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

Yes (0)

Page 81157) **Part A, Section V: MONITORING AND EVALUATION**

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

supervisions conjointes, renforcement des capacités matérielles et financières de structures de mise en œuvre.

Page 82**158) 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?**

9 (9)

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

- élaboration du REDES - préparation de l'audit de la qualité des données par le FM - l'inspection du FM - Formation sur le CRIS3 - Harmonisation des indicateurs - Révision des outils de collecte des données, - Révision du Manuel et procédures du Suivi / Evaluation • Le renforcement des structures organisationnelles avec les fonctions de suivi évaluation du VIH notamment l'unité de suivi évaluation au niveau national, les Secrétariats Régionaux, l'existence du manuel de suivi évaluation national, la révision et harmonisation des indicateurs nationaux ; • Renforcement des capacités humaines pour le suivi évaluation du VIH par des formations et la définition du plan de formation et le recrutement des chargés de suivi évaluation au niveau des Secrétariat Exécutifs Régionaux • Au niveau du partenariat pour la coordination et gestion et évaluation, il est mis en place un groupe technique national de suivi évaluation (GTSN) et au niveau régional GTSER. Une plateforme consultative dénommée mécanisme de coordination de suivi a été mise en place ; • Elaboration de plans d'action annuel opérationnel budgétisés à partir du du cadre national de suivi évaluation ; • Des politiques stratégiques de plaidoyer, de communication et culture sont en cours de finalisation ; • Le suivi systématique du VIH a été renforcé; • Les enquêtes de surveillance, l'EDS tous les cinq ans, l'ISBS tous les trois ans, surveillance sentinelle tous les deux ans ; • Il existe une base de donnée nationale pour le secteur santé à la CSLS/ Ministère de la Santé et une base de données multisectorielle est en cours de finalisation au SE/HCNLS avec le CRIS 3 ; • Existence d'un manuel de supervision et d'audit des données collectées. • Existence d'un agenda pour l'évaluation et la recherche dans le domaine du VIH ; • Les moyens et les outils de diffusion de données ont été mis en place comme les sites web, bulletin, brochures, session du HCNLS et régionaux

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

- . Insuffisance d'unité de suivi évaluation dans certaines structures intervenant dans la lutte contre le VIH ;
- Insuffisance de ressources humaines et des compétences en matière de suivi évaluation ;
- Insuffisance des ressources financières allouées au S&E. • Insuffisance dans l'appropriation des indicateurs par certains acteurs impliqués ;
- Inexistence de plan de communication sur le S&E • Faible capacité des agents (en matière de S&E) au niveau des structures d'exécution ;
- Inexistence d'agence nationale spécialisée pour la formation de ces agents

Page 83**161)**

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.)

Yes (0)

Page 84

162)

Part B, Section I. HUMAN RIGHTS

1.1 IF YES, specify if HIV is specifically mentioned and how or if this is a general nondiscrimination provision:

Decret N° 05-147/P-RM du 31mars 2005 Loi N°06-028 du 29 juin 2006 fixant les règles relatives à la prévention, à la prise en charge et au contrôle du VIH/SIDA. Loi sur la Santé de la Reproduction Décret sur la confidentialité et statut Convention sur les droits de l'Homme et des peuples Convention sur les droits de l'Enfant

163)

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

164)

Part B, Section I. HUMAN RIGHTS

2.1 IF YES, for which subpopulations?

a. Women	Yes
b. Young people	Yes
c. Injecting drug users	Yes
d. Men who have sex with men	Yes
e. SexWorkers	Yes
f. prison inmates	Yes
g. Migrants/mobile populations	Yes
Autre: insérer	

165)

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

Les mécanismes mis en place au niveau du pays sont essentiellement axés sur les aspects de plaidoyer, d'information et de sensibilisation à l'endroit des leaders de la société civile et des associations de PV VIH etc Large diffusion de la loi sous forme de brochures, d'affiches par RMAP+ et le SE/HCNLS - Soutien aux groupes de paroles des PVVIH, CEFARAD (Centre de Formation d'Appui et de Recherche –Action pour le Développement) : Formation en Droits Humains § VIH: • • Leaders PVVIH, • ONG et Associations de lutte contre le SIDA à travers RONGASS (Réseau des ongs et Associations de lutte contre le VIH/SIDA au Mali) • WILDAF • Officiers de police judiciaire (garde républicaine, gendarmerie) • Elus municipaux • Famille juridique (magistrats, juges ,avocats.....)

166)

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

-Processus de mise en place de Cellules d'Appui Conseil Juridiques auprès des Associations de PVVIH - Partenariat avec la ligue des Juristes pour le Développement des Droits Humains(LJDH) et l'ONG CEFARAD ??????.

Page 86

167)

Part B, Section I. HUMAN RIGHTS

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

No (0)

Page 88

168) **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

169)

Part B, Section I. HUMAN RIGHTS

Question 4 (continued)

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

La loi N°06/028 du 29 juin 2006 relative à la prévention et la prise en charge du VIH et du Sida

170)

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

171)

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

172)

Part B, Section I. HUMAN RIGHTS

Question 6 (continued)

IF YES, describe some examples:

- A travers les structures de prise en charge de ces groupes vulnérables (SOUTOURA pour les Professionnelles du sexe, ARCAD/SIDA pour les MSM) - Large diffusion ISBS avec la participation du Groupe Pivot Santé Population - Les PVVIH sont membres du HCNLS, participent aux processus d'élaboration, de mise en œuvre et de suivi des programmes VIH (Plan Stratégique, MAP, FG,) - PVVIH vice présidence CCM représentant le secteur non gouvernemental - Attribution de sièges à deux Associations de PVVIH, décoration de deux associations et de trois PVVIH « Chevalier de l'ordre National) - Octroi de logements sociaux aux PVVIH , - Octroi de terrain pour construction de siège ou exploitation pour les travaux champêtres

173)

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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174)

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:

- Gratuité des ARV : « Je veux que les médicaments aillent aux malades et non le contraire » a dit le chef de l'Etat. Cette déclaration est désormais la base de toute action en matière de Riposte contre le VIH et le SIDA - Soins psycho sociaux financés par les bailleurs de Fonds - La disponibilisation des ARV dans les officines privées (les responsables de ces officines sont déjà formés à la dispensation). - Mise en place des USAC au sein des CSref

175)

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

176)

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)

177)

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

178)

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

Ces populations les plus à risques se retrouvent dans la population générale avec un accent particulier pour la population carcérale, les mineurs et les majeurs protégés

179)

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

180)

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:**

Existence des programmes en faveur des PS, HSH , Populations Carcérales , personnes handicapées etc.

181)

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

No (0)

182)

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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183)

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)

184)

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

- Veuller aux respects des aspects liés à l'éthique, - Exploitation, validation et utilisation des résultats - Garantir l'inocuité des Essais et les dommages possibles pour les PVVIH et leurs prises en charge

Page 97

185)

– 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)

186)

– **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)

187)

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

Yes (0)

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188)

Part B, Section I. HUMAN RIGHTS

Question 12 (continued)

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

- Elaboration d'un modèle AIM Mali, AIM pour les Religieux, - La prêche dans les mosquées (Lecture de « Kut-ba) , - Caravanes transfrontalières et nationales des leaders religieux contre la stigmatisation -Prêches (chaque mercredi) d'un imam au siège de l' Association AMAS-AFAS. - Appui de la Ligue des juristes pour le développement et les droits de l'Homme aux groupes de paroles des associations des PVVIH, - Contribution de plus en plus importantes aux Téléthons pour le soutien aux enfants infectés et affectés par le VIH

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189)

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)

190)

– **Legal aid systems for HIV casework**

No (0)

191)

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

No (0)

192)

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

Yes (0)

193)

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

Yes (0)

Page 100

194)

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: A travers les VAD/CCC	Yes

Page 101

195)

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?

8 (8)

196)

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

Loi N°06-028 du 29 juin 2006 fixant les règles relatives à la prévention, à la prise en charge et au contrôle du VIH/SIDA Développement de projet « Droits Humains et VIH par RMAP+ » Edition 2009 du Téléthon, - Octroi de logements sociaux aux PVVIH , - Octroi de terrain pour construction de siège ou exploitation pour les travaux champêtres - Décoration de trois PVVIH « chevalier de l'ordre national » - Appui scolaire et psycho social aux OEV/VIH

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197)

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?

7 (7)

198)

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

- Beaucoup de messages en matière de lutte contre la stigmatisation et la discrimination liées aux infections sexuellement transmissibles ont été véhiculé, - La Prévention de la transmission mère-enfant a été renforcée et décentralisée - Initiation de programme conjoint TB/VIH - Décentralisation des actions du RMAP+ à travers le renforcement de ses coordinations régionales -Augmentation du nombre de centres de prise en charge

199)

What are remaining challenges in this area:

- La lenteur dans la révision de certains articles de la loi N°06 /028 du 29 juin 2006 - La lenteur dans la création de structures juridiques pour la défense des droits et devoirs des PVVIH

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200)

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?

5 (5)

201)

Comments and examples:

- Participation à l'élaboration du cadre stratégique national (CSN) de lutte contre le SIDA, • Participation à l'élaboration du document projet pour soumission au financement Fonds Global, • Mise à disposition des expériences pilotes de la société civile auprès du secteur public et le secteur privé • Participation de la société civile à l'élaboration des différents plans sectoriels • Participation active de la société civile à tous les niveaux de responsabilités et d'applications sur le terrain (Le Groupe Pivot Santé Population (Société Civile) est Bénéficiaire Principal du Fonds Mondial Round 8.) • Le Groupe Pivot Santé Population (Société Civile) est Bénéficiaire Principal du Fonds Mondial Round 8. • Participation de la société civile a toutes les conférences internationales sur le VIH et le SIDA (CISMA, Conférence Mondiale, Conférence Francophone)

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202)

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)

203)

Comments and examples:

- Participation à l'élaboration et la production de tous les documents stratégiques dans la riposte contre le VIH et le SIDA(CSN,CSRLP,.....) • Elaboration , mise en œuvre du Plan d'Assistance Technique,Plan de suivi des Actions de lutte contre le sida y compris la PTME • La vice présidence du CCM revient à la société civile, • La société civile est bénéficiaire principale dans le cadre du Round 8 Fonds Mondial,

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204)

a. the national AIDS strategy?

5 (5)

205)

b. the national AIDS budget?

5 (5)

206)

c. national AIDS reports?

5 (5)

207)

Comments and examples:

- ARCAD /SIDA a en charge l'installation des USAC au sein des CSRef, • Les organisations de la société civile sont impliquées à l'atteinte des objectifs du CSN, • Les Organisations des PVVIH sont impliquées dans la conception, la mise en œuvre et le suivi des programmes de lutte contre le VIH

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208)

a. developing the national M&E plan?

5 (5)

209)

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

5 (5)

210)

c. M&E efforts at local level?

5 (5)

211)

Comments and examples:

- La structuration du HCNLS est faite de 1/3 pour le Secteur Public, 1/3 pour la Société Civile et 1/3 pour le Secteur Privé • La société civile est membre du GTSEN (groupe technique du suivi et d'évaluation nationale)

Page 107**212) 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)?**

5 (5)

213)

Comments and examples:

- Existence au sein de la société civile dans sa grande diversité de grands réseaux d'organisations dans la riposte contre le VIH et le Sida • GPSP : Collectif de plus de 200 ongs intervenants dans le domaine de la santé • RMAP+ : • Alliance des Religieux • CAFO • ARCAD/SIDA • Réseau national des Pairs Educateurs • Réseau national des jeunes, • Réseau national des Syndicats des travailleurs, • SOUTOURA pour les Professionnelles de sexe

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214)

a. adequate financial support to implement its HIV activities?

5 (5)

215)

b. adequate technical support to implement its HIV activities?

5 (5)

216)

Comments and examples:

- La société civile est bénéficiaire principale du Fonds Mondial Round 8, • La société civile a participé au processus d'élaboration du Plan d'Assistance Technique (PAT) • La participation de la société civile aux processus de soumission des propositions du Mali au Fonds Mondial(atelier d'orientation, commission de rédaction de la proposition, atelier de validation

Page 109**217) Part B, Section II. CIVIL SOCIETY PARTICIPATION**

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

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

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218)

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)

219)

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

- Journées communautaires de ARCAD et ses sous bénéficiaires, • Partages d'expériences initiées par le GPSP à travers ses stratégies d'Approches Communautaires (EAA, AP entres autres) • Contribution de la société civile aux journées scientifiques de lutte contre le VIH et le SIDA

220)

What are remaining challenges in this area:

- Insuffisance des capacités des structures de la société civile dans les prestations de services

Page 111

221)

Part B, Section III: PREVENTION

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

Yes (0)

Page 112

222)

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

- Etude de la vulnérabilité des jeunes face au VIH - Enquêtes ISBS, Surveillance Sentinelle, EDSM - Rencontres (réunions de concertation et de planification, ateliers etc.) avec la participation de l'ensemble des acteurs des secteurs Public, Privé, Société Civile et partenaires techniques et financiers

223)

1.1 To what extent has HIV prevention been implemented?

	The majority of people in need have access
HIV prevention component	
Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Agree
Condom promotion	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	N/A
Risk reduction for men who have sex with men	Agree
Risk reduction for sex workers	Agree
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	Agree
HIV prevention in the workplace	Agree
Autres: - Les Personnes Handicapées	Agree

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224)

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)

225)

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

- Création de sites CDV : 260
- Elaboration des normes et politiques pour le dépistage
- Intégration des besoins de l'ensemble des acteurs dans les GAP de financement
- - Mise en œuvre de la Stratégie avancée de dépistage du VIH
- Création de sites PTME : 229
- Mise à disposition de 12 889 463 de préservatifs à tous les niveaux en 2009
- Création d'associations de PVVIH

226)

What are remaining challenges in this area:

- Stigmatisation
- Insuffisance dans la couverture des structures de prévention, PTME, CDV
- Insuffisance de moyens financiers

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227)

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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228)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

Question 1 (continued)

IF YES, how were these specific needs determined?

- Etude sur la prise en charge des OEV
- Missions de suivi et de supervision
- Revues annuelles
- Rencontres (réunions de concertation et de planification, ateliers etc.) avec la participation de l'ensemble des acteurs des secteurs Public, Privé, Société Civile et partenaires techniques et financiers

229)

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	Agree
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Agree
Home-based care	Agree

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

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230)

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?

9 (9)

231)

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

- Sites de Prise en charge ARV adultes: 68 - Sites de prise en charge pédiatrique : 45 - Patients sous ARV (Adultes et enfants): initiés : 29 260 suivis : 21 100 - Appuis à 10614 OEV

232)

What are remaining challenges in this area:

- Insuffisance de couverture par le laboratoire pour le suivi biologique des patients sous ARV - Mécanisme de gestion des personnes sous ARV perdues de vue - Insuffisance dans la prise en charge des OEV - Insuffisance de moyens financiers

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233)

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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234)

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)

235)

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

Yes (0)

236)

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

Yes (0)