

Survey Response Details

Response Information

Started: 3/25/2010 5:34:33 AM
Completed: 3/27/2010 10:17:43 AM
Last Edited: 5/4/2010 7:03:27 AM
Total Time: 2.04:43:10.1540000

User Information

Username: ce_TG
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Response Details

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- 1) **Country**
Togo (0)
- 2) **Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:**
TAGBA Abi Tchao
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- 7) **Date of submission:**
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31/03/2010

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- 8) **Describe the process used for NCPI data gathering and validation:**
La collecte de données de l'indice composite a été assurée par une équipe expérimentée de 6 personnes comprenant 3 personnes issues des organisations de la société civile, 1 personne du Programme d'Appui aux OSC de lutte contre le Sida (PASCI) et 2 personnes issues du SP/CNLS-IST. Ces personnes ont conduit les enquêtes auprès d'informateurs clefs constitués de

responsables des principaux programmes et institutions nationales de lutte contre le sida, des responsables d'organismes internationaux impliqués dans la lutte contre le sida et des leaders de la société civile représentant des présidents de réseaux ou d'ONG les plus actifs dans la lutte contre le sida au Togo. Les personnes ressources ciblées ont reçu le questionnaire par courrier officiel en moyenne une semaine avant le rendez-vous de travail accordé à l'enquêteur. Le travail de l'enquêteur a consisté à clarifier certaines questions, expliciter certaines réponses et demandé des explications complémentaires sur certains scores attribués. Pour le cas spécifique du remplissage de la partie B par les leaders de la société civile, il a été organisé un focus groupe réunissant 8 leaders pendant trois heures pour faire le consensus sur chacune des réponses données. La validation des données de l'indice a été obtenue à l'issue d'une rencontre de consensus de deux jours organisées dans les locaux du PASCI et qui a réuni l'ensemble des enquêteurs impliqués dans la collecte des données. Les règles de consensus étaient les suivantes : - Pour chaque question, l'on examine les réponses de toutes les personnes ressources interrogées. Ces réponses sont confrontées entre elles pour déterminer s'il y a concordance ou s'il y a discordance. - En cas de concordance on valide la réponse - En cas de discordance on procède à des vérifications avant de prendre la décision finale. Lorsque l'information existait dans un document officiel et validé, nous avons considéré cette information. Lorsque la vérification ne nous permettait pas de confirmer ou d'infirmer la réponse proposée, nous avons considéré les tendances majoritaires tout en donnant certaines explications pertinentes sur les tendances minoritaires.

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

Pour les réponses discordantes, l'approche adoptée par les enquêteurs a été de vérifier l'information quand cela est possible (par exemple certaines informations sont contenues dans des documents officielles) et de valider la réponse qui se trouve dans le document. Par contre lorsque la réponse est une opinion personnelle que l'on ne retrouve pas dans un document, nous avons demandé à l'enquêteur qui a interrogé la personne ressource quelle est sa propre compréhension de la question et qu'est ce qu'il pense de la compréhension que la personne ressource a eu de cette question. Les réponses apportées nous ont permis à chaque fois de décider s'il est nécessaire de préciser la question dans un entretien supplémentaire, de noter cette réponse comme une nuance à apporter à la tendance générale qui se dégage par rapport à la question.

10)

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

Il arrive parfois que le groupe des enquêteurs soit surpris par certaines réponses notamment issues des réponses du secteur public. Certains scores attribués ont été en nette régression ou en nette progrès par rapport aux données du dernier indice sans que l'on ne perçoive dans les réponses ce qui a bien pu justifier ces tendances. De même certaines réponses de leaders communautaires ont été étonnement plus optimistes que celles des acteurs du secteur public. Tout cela indique le manque de temps auquel certains informateurs clés ont eu à faire face.

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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 SP/CNLS-1 | M. TAGBA Abi Tchao ; Secrétaire Permanent | A.I, A.II |

12)

| | Organization | Names/Positions | Respondents to Part A [Indicate which parts each respondent was queried on] |
|---------------|--------------------------|--|--|
| Respondent 2 | PNLS-IST/Ministère Santé | Pr PITCHE Vincent; Coordonnateur | A.I, A.II |
| Respondent 3 | ONG PSI-Togo | Mme KOBILKE Angelika ; Représentante Résidente | A.I, A.II |
| Respondent 4 | PNUD/PASCI | Dr SOME Jean-François ; Coordonnateur | A.I, A.II |
| Respondent 5 | ONG PSI-Togo | M. TCHAGOU John ; Directeur de Communication | A.III |
| Respondent 6 | SNIEC/Ministère Santé | M. TANGHAWAYE Antante ; Responsable IEC | A.III |
| Respondent 7 | SP/CNLS-IST | M. GNASSE Atinédi ; Responsable Division Communication | A.III |
| Respondent 8 | SP/CNLS-IST | M. KAMAGA K. Paul ; Responsable Division Planification S&E | A.V |
| Respondent 9 | ONUSIDA | Dr TAKPA Koubagnine ; Conseiller en S&E | A.V |
| Respondent 10 | ONG PSI-Togo | M. KOUMAGNANOU Georges ; Directeur Recherche, Suivi-Evaluation | A.V |
| Respondent 11 | PNLS-IST/Ministère Santé | Dr DEKU Kodzo ; Chef Unité S&E | A.V |
| Respondent 12 | Chef Unité PEC médicale | Dr SINGO Assétina ; Chef Unité PEC médicale | A.IV |
| Respondent 13 | RAS+ | M. DOKLA Augustin ; Président | A.IV |
| 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 | Cour Suprême/Ministère de la Justice | Mme AHADJI Azanledji ; Point focal VIH | B.I |

14)

| | Organization | Names/Positions | Respondents to Part B [Indicate which parts each respondent was queried on] |
|---------------|------------------------------------|--|--|
| Respondent 2 | CNDH | M. KOUNTE Koffi; Président | B.I |
| Respondent 3 | ONG PSI-Togo | M. TCHAGOU John ; Directeur de Communication | B.III |
| Respondent 4 | Croix Rouge Togolaise | M. SEDOH Blaise ; Chargé de programme VIH | B.II, B.III, B.IV |
| Respondent 5 | FONGTO | M. RAVEN Edu Koku ; Président | B.II, B.III, B.IV |
| Respondent 6 | OCDI | Soeur MEDENDZI Véronique ; Responsable Santé | B.II, B.III, B.IV |
| Respondent 7 | SNIEC/Ministère Santé | M. TANGHAWAYE Antante ; Responsable IEC | B.III |
| Respondent 8 | DGPE/Ministère de l'Action Sociale | Mme AKITEME-AZAMBO Albertine ; Directrice | |
| Respondent 9 | ONG CRIPS | Dr AHO Anthony ; Président | B.II, B.III, B.IV |
| Respondent 10 | SP/CNLS-IST | M. GNASSE Atinédi ; Responsable Division Communication | B.III |
| Respondent 11 | TOCAHSO | M. TSOLENYANU Komi ; Président | B.II, B.III, B.IV |
| Respondent 12 | | | |
| Respondent 13 | | | |
| Respondent 14 | | | |
| Respondent 15 | | | |
| Respondent 16 | | | |
| Respondent 17 | | | |
| Respondent 18 | | | |
| Respondent 19 | | | |
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Respondent
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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)

Page 716) **Part A, Section I: STRATEGIC PLAN****Question 1 (continued)****Period covered:**

2007-2010

17)

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

10

18)

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

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

Other*

Yes

Yes

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

Justice, Secteur privé, Tourisme, Société civile, Migrants, Tradithérapeutes

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

1) Budget des partenaires 2) Mobilisation des ressources par voie interne

Page 9**21)****Part A, Section I: STRATEGIC PLAN****1.3 Does the multisectoral strategy address the following target populations, settings and crosscutting issues?**

| Target populations | |
|--|-----|
| a. Women and girls | Yes |
| b. Young women/young men | Yes |
| c. Injecting drug users | 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 |

22)**1.4 Were target populations identified through a needs assessment?**

Yes (0)

Page 10

23)

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

Please enter the year in yyyy format

2006

Page 11

24)

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

Femmes, jeunes, PVVIH, forces de l'ordre, OEV, professionnels de sexe, routiers

25)

1.6 Does the multisectoral strategy include an operational plan?

Yes (0)

26)

1.7 Does the multisectoral strategy or operational plan include:

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

27)

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

Active involvement (0)

Page 12

28)

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

Les représentants des organisations la société civile ont été associés à toutes les étapes d'élaboration du plan : - participation à la collecte des données de la revue, - participation aux

ateliers de planification et validation des plans, - membres des comités de rédaction, - participation à la session de lancement du plan en tant que membres du CNLS-IST.

29)

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

Yes (0)

30)

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

Yes, all partners (0)

Page 14

31)

Part A, Section I: STRATEGIC PLAN

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

Yes (0)

Page 15

32)

Part A, Section I: STRATEGIC PLAN

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

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

33)

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

| HIV-related area included in development plan(s) | |
|---|-----|
| HIV prevention | Yes |
| Treatment for opportunistic infections | Yes |
| Antiretroviral treatment | Yes |
| Care and support (including social security or other schemes) | Yes |

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

Page 16

34)

Part A, Section I: STRATEGIC PLAN

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

No (0)

Page 17

35)

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

Yes (0)

Page 18

36)

Part A, Section I: STRATEGIC PLAN

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

| | |
|---|-----|
| Behavioural change communication | Yes |
| Condom provision | Yes |
| HIV testing and counselling | 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):

Les services de conseil et test proposés aux personnels en uniforme sont volontaires comme dans tous les autres centres de CDV.

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 | No |
| d. Men who have sex with men | No |
| e. Sex Workers | Yes |
| f. Prison inmates | Yes |
| g. Migrants/mobile populations | Yes |
| Autres: insérer | |

40)

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

- large diffusion de la loi (sur Internet) ; - prise des textes d'application de la loi ; - formation des magistrats, auxiliaires de justice, officiers de police et commandants de brigades ; - sensibilisation des leaders d'opinions, journalistes et responsables d'ONG/associations ; - sensibilisation de la population sur la non discrimination et stigmatisation des PVVIH.

41)

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

Jugement des auteurs d'abus sexuel, de discrimination/stigmatisation et de contamination volontaire.

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42)

Part A, Section I: STRATEGIC PLAN

6. Does the country have laws, regulations or policies that present obstacles to effective

HIV prevention, treatment, care and support for most-at-risk populations or other vulnerable subpopulations?

Yes (0)

Page 22

43)

Part A, Section I: STRATEGIC PLAN

6.1 IF YES, for which subpopulations?

- a. Women
- b. Young people
- 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

Autres: insérer

44)

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

- La prostitution et les relations HSH ne sont pas légalisées par la constitution ; - Les consommateurs de drogues sont reprimés.

45)

Briefly comment on how they pose barriers:

- Absence de suivi régulière des professionnels de sexe ; - La loi punit la consommation de drogue. La cible rentre dans la clandestinité et par conséquent inaccessible ; - Les HSH n'étant pas acceptés dans la société avec une forte pression des religieux, ceux-ci rentrent dans la clandestinité.

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46)

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

47)

Part A, Section I: STRATEGIC PLAN

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

Yes (0)

48)

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

Yes (0)

Page 25

49)

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)

50)

7.4 Is HIV programme coverage being monitored?

Yes (0)

Page 26

51)

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

Yes (0)

52)

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

Yes (0)

Page 27

53)

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

PVVIH, routiers, femmes enceintes, migrants, jeunes

54)

Briefly explain how this information is used:

Le suivi des femmes enceintes a permis de mieux planifier l'extension des services PTME. Les informations sur les PVVIH permet de suivre la couverture en ARV.

Page 28**55) Part A, Section I: STRATEGIC PLAN****Question 7.4 (continued)****(c) Is coverage monitored by geographical area?**

Yes (0)

Page 29

56)

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

Districts sanitaires, régions

57)

Briefly explain how this information is used:

Ce suivi permet de poursuivre la décentralisation de la prescription et de la dispensation des ARV.

58)

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

Yes (0)

Page 30

59)

Part A, Section I: STRATEGIC PLAN**Question 7.5 (continued)****Overall, how would you rate strategy planning efforts in the HIV programmes in 2009?**

8 (8)

60)

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

- Gratuité des ARV ; - Décentralisation de la dispensation, prescription ; - Evaluation des flux financiers - Evaluation des programmes de CDV et de prise en charge.

61)

What are remaining challenges in this area:

- Absence des plans opérationnels sectoriels ; - Difficulté à estimé la taille de certaines populations à risque : HSH, professionnels de sexe, CDI ; - Mise en place de l'ensemble des dispositifs programmatique et administratif pour faciliter un grand accès aux ARV ; - Absence de plans opérationnels au niveau sectoriel

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62)

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 |

63)

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

64)

2.1 IF YES, when was it created?

Please enter the year in yyyy format

2001

65)

2.2 IF YES, who is the Chair?

| | |
|----------------|----------------------------|
| Name | Faure Essozimna GNASSINGBE |
| Position/title | Président de la République |

66)

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? | No |

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67)

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

52

68)

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

20

69)

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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70)

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

71)

Part A, Section II: POLITICAL SUPPORT**Question 3 (continued)****IF YES, briefly describe the main achievements:**

- Mise en place du CCM comprenant les membres du gouvernement, la société civile, le secteur privé et les partenaires au développement ; - Mise en place du Programme d'Appui aux organisations de Société Civile Impliquée dans la riposte contre le VIH/SIDA au Togo (PASCI) qui sert d'interface entre le gouvernement et le société civile.

72)

Briefly describe the main challenges:

- Manque de dynamisme de certains membres (absentéisme lors des réunions, etc.) - Difficultés de coordination et faiblesse dans l'utilisation des informations transmises ; - Peu de réunions de coordination et de coordination entres les partenaires, le gouvernement et les acteurs sont tenues.

73)

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)

0

74)

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

| | |
|--|-----|
| Information on priority needs | Yes |
| Technical guidance | Yes |
| Procurement and distribution of drugs or other supplies | No |
| Coordination with other implementing partners | Yes |
| Capacity-building | Yes |
| Autres: Création d'un programme d'appui technique et d'aide à la mobilisation des ressources pour les OSC : le PASCI | Yes |

75)

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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76)

Part A, Section II: POLITICAL SUPPORT

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

Yes (0)

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77)

Part A, Section II: POLITICAL SUPPORT

Question 6.1 (continued)

IF YES, name and describe how the policies / laws were amended:

Loi n°2005-012 du 14 décembre 2005 protant Protection des Personnes en matière du VIH/sida

78)

Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies:

- caractère trop général de l'exception apportée au respect de la confidentialité et du secret médical (article 9) ; - l'obligation faite dans la loi à tous les Togolais de porter des préservatifs lors des rapports sexuels (articles 14 et 53) ; - l'obligation faite aux professionnels du sexe de se soumettre à des tests périodiques de dépistage du VIH (article 50) ; - caractère trop vague et parfois trop sévère de certaines dispositions pénales ; - insuffisante prise en compte de l'approche genre.

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79)

Part A, Section II: POLITICAL SUPPORT

Question 6.1 (continued)

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

7 (7)

80)

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

- Elaboration des projets de mobilisation de ressources notamment la Proposition au Fonds Mondial série 8 en rapport avec le PSN . - Bilans des activités (sessions du CNLS, revues de la santé).

81)

What are remaining challenges in this area:

Malgré l'appui politique, on a des difficultés à mobiliser des ressources pour le financement des activités aussi bien au niveau de l'Etat que des partenaires au développement.

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82)

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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83)

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)
- 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)

84) In addition to the above mentioned, please specify other key messages explicitly promoted:

Eviter les relations intergénérationnelles

85)

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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86)

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)

87)

2.1 Is HIV education part of the curriculum in:

| | |
|--------------------|-----|
| primary schools? | Yes |
| secondary schools? | Yes |
| teacher training? | Yes |

88)

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

Yes (0)

89)

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

Yes (0)

90)

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

Yes (0)

Page 42

91)

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

Sex workers, Clients of sex workers, Other populations

Condom promotion

Men having sex with men, Sex workers, Clients of sex workers, Other populations

HIV testing and counselling

Men having sex with men, Sex workers, Clients of sex workers, Prison inmates, Other populations

Reproductive health, including sexually transmitted infections prevention and treatment

Men having sex with men, Sex workers, Clients of sex workers, Other populations

Vulnerability reduction (e.g. income generation)

Sex workers, Other populations

Drug substitution therapy

Needle & syringe exchange

Page 43

92) 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".

Hommes en uniforme, migrants, routiers, jeunes, population générale

Page 44

93)

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)

94)

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

- Gratuité des ARV - Gratuité de la PTME

95)

What are remaining challenges in this area:

- Harmonisation des interventions des différents acteurs ; - Mobilisation de ressources/recherche de financement pour la réalisation des activités de prévention.

Page 45

96)

Part A, III. PREVENTION

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

Yes (0)

Page 46

97)

Part A, III. PREVENTION

Question 4 (continued)

IF YES, how were these specific needs determined?

A travers des études au niveau des différents groupes à risque

98)

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 | Don't agree |
| Risk reduction for men who have sex with men | Agree |
| Risk reduction for sex workers | Agree |
| Reproductive health services including sexually transmitted infections prevention and treatment | Agree |
| School-based HIV education for young people | Agree |
| HIV prevention for out-of-school young people | Agree |
| HIV prevention in the workplace | Agree |
| Autres: Prévention du VIH dans le monde rural, en milieu carcéral et chez les migrants ; implication des médias dans la prévention | Agree |

Page 47

99)

Part A, III. PREVENTION

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

8 (8)

100)

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

- Activités de prévention dans les prisons ; - Campagne nationale de dépistage en décembre 2009 ;
- Formation des acteurs dans le monde rural.

101)

What are remaining challenges in this area:

- Renforcer la bomilisation des ressources ; - Rendre effectif l'enseignement du VIH dans les écoles ;
- Renforcer le cadre de concertation des différents acteurs.

Page 48

102)

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

103)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1.1 IF YES, does it address barriers for women?

Yes (0)

104)

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

Yes (0)

105)

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

Yes (0)

Page 50

106)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 2 (continued)

IF YES, how were these determined?

- au cours des supervisions ; - à travers des études et enquêtes sur la qualité de prise en charge ;
- à travers des évaluations sur sites des sous-bénéficiaires des projets Fonds Mondial ; - par la

collecte des données auprès des structures ; - exploitation des rapports d'activités.

107)

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

Page 51

108)

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?

No (0)

109)

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

110)

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

ARV

Page 53

111)

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?**

7 (7)

112)

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

- accessibilité du traitement ARV - mise en place des comités thérapeutiques au niveau décentralisé - décentralisation de la dispensation et de la prescription des ARV - mobilisation des ressources.

113)

What are remaining challenges in this area:

- gratuité du bilan biologique - pérennité des soins et traitement - disponibilité des médicaments de 3ème ligne - passage à l'échelle - soins nutritionnels

Page 54

114)

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

115)

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)

116)

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

vulnerable children?

Yes (0)

117)

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

No (0)

Page 56

118)

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

2 (2)

119)

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

Appui des organisations de la société civile

120)

What are remaining challenges in this area:

Prise en charge complète des OEV

Page 57

121)

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

Yes (0)

Page 58

122)

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

2007

123)

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

2010

124)

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

Yes (0)

125)

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

Yes (0)

126)

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

127)

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) | No |
| a data analysis strategy | Yes |
| a data dissemination and use strategy | Yes |

Page 61

128)

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

129)

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

Yes (0)

Page 62

130)

Part A, Section V: MONITORING AND EVALUATION**3.1 IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities?**

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

6

131)

3.2 IF YES, has full funding been secured?

No (0)

Page 64

132)

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:**

- Non appropriation du Plan par les acteurs ; - Faible mobilisation des ressources ; - Insuffisance des ressources extérieures destinées au suivi et évaluation.

133)

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

Yes (0)

Page 65

134)

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:**

- Evaluation de la mise en oeuvre des 12 composantes de suivi et évaluation à travers le Groupe de Référence de Suivi et Evaluation (GRSE) deux fois par an ; - Atelier de renforcement du système d'évaluation des projets soumis au Fonds Mondial de lutte contre le Sida, la Tuberculose et le Paludisme.

135)

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

Yes (0)

Page 66

136)

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)

137)

Number of permanent staff:

Please enter an integer greater than or equal to 0

2

Page 67

138)

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 | Responsable Division Planification et Suivi et Evaluation | Part time | 2002 |
| Permanent staff 2 | Assistant Suivi et Evaluation | Full time | 2005 |
| 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

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139)

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 69140) **Part A, Section V: MONITORING AND EVALUATION****Question 5.3 (continued)**

IF YES, briefly describe the data-sharing mechanisms:

- Le Plan National de Suivi et Evaluation prévoit la transmission des données du niveau périphérique vers le niveau central ainsi que le feed back inversément ; - Séance de travail du GRSE ; - Transmission et retroinformation horizontale ; - Partage en ligne (via Internet)

141)

What are the major challenges?

Ce mécanisme n'est pas systématiquement respecté par les acteurs et partenaires

Page 70

142)

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)

143)

6.1 Does it include representation from civil society?

Yes (0)

Page 71**144) 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:

14 représentants de la société civile sur 44 membres du GRSE. Ils : - veillent à la prise en compte des préoccupations de la société civile dans la mise en oeuvre du système national de suivi et évaluation ; - participent à l'identification et à la mesure des indicateurs clés ; - participent à la production et à la diffusion de l'information stratégique ; - participent à l'appréciation des protocoles d'enquêtes et de recherches sur le VIH et les IST ; - participent à la réalisation et à la validation des évaluations des recherches et enquêtes.

145)

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

Yes (0)

Page 72

146)

Part A, Section V: MONITORING AND EVALUATION**7.1 IF YES , briefly describe the national database and who manages it:**

Il s'agit du CRIS qui est géré par l'Unité de Suivi et Evaluation du SP/CNLS-IST. Le CRIS est aussi en cours de déploiement au PNLIS et dans certaines organisations de la société civile. Ensuite il sera déployé dans les structures régionales.

147)

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

148)

7.3 Is there a functional* Health Information System?

At national level Yes
At subnational level Yes

Page 74

149) Part A, Section V: MONITORING AND EVALUATION

For Question 7.2, you have checked "Yes, but only some of the above", please specify what the central database has included.

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

Régional, district, formations sanitaires

150)

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

Yes (0)

151)

9. To what extent are M&E data used

9.1 in developing / revising the national AIDS strategy?:

4 (4)

152)

Provide a specific example:

Le rapport de la revue du Cadre Stratégique National 2001-2005, le Rapport UNGASS 2005, le Rapport de la Consultation sur l'Accès Universel 2006 ont contribué à la planification stratégique 2007-2010 (élaboration du PSN 2007-2010) et à l'élaboration des propositions soumises au Fonds Mondial. Les informations générées par la surveillance sentinelle chez les femmes enceintes, les professionnels de sexe, les HSH, les routiers et migrants orientent les stratégies de prévention. Les analyses des rapports REDES 2006-2007 et 2008 orientent la stratégie de mobilisation et d'affectation des ressources financières.

153)

What are the main challenges, if any?

- Les données ne sont pas mis à jour régulièrement ; - La centralisation des rapports des différents partenaires n'est pas systématique d'où la faiblesse dans la complétude de certaines données.

Page 75**154) Part A, Section V: MONITORING AND EVALUATION**

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

4 (4)

155)

Provide a specific example:

L'évaluation REDES 2006-2007 a orienté le Togo à soumettre une proposition en faveur des OEV à la série 9 du Fonds Mondial.

156)

What are the main challenges, if any?

- Les informations relatives au financement des acteurs ne sont pas toujours communiquées à la coordination nationale ; - Les engagements ou promesse d'allocation des ressources ne sont pas toujours tenus.

Page 76

157)

Part A, Section V: MONITORING AND EVALUATION

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

3 (3)

158)

Provide a specific example:

- Une étude exploratoire chez les HSH a amené les acteurs à développer des interventions de prévention à leur endroit. - Une stratégie spécifique de prévention est aussi envisagée our les HSH. - La décentralisation de la dispensation des ARV et le passage à l'échelle de la PTME sont les résultats des analyses des indicateurs de Suivi et Evaluation.

Page 77

159) **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)

Page 78

160) **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)

161)

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

| | |
|-----------------------|-----|
| At national level? | Yes |
| At subnational level? | Yes |

At service delivery level including civil society? Yes

Page 79

162) 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

86

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

Please enter an integer greater than 0

80

Page 80

164)

Part A, Section V: MONITORING AND EVALUATION

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

Yes (0)

Page 81

165) Part A, Section V: MONITORING AND EVALUATION

Question 10.2 (continued)

IF YES, describe what types of activities:

- Formation d'un pool de formateurs sur le CRIS3 - Paramétrage du CRIS3 au SP/CNLS-IST - Formation des acteurs à l'utilisation du CRIS3 (PNLS, Croix Rouge Togolaise, AMC, EVT, ATBEF) - Paramétrage du CRIS3 en cours dans les certaines structures : PNLS, Croix Rouge Togolaise, AMC, EVT et ATBEF)

Page 82

166) 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)

167)

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

- Formation en suivi et évaluation du personnel de l'Unité de Suivi et Evaluation du SP/CNLS-IST .

- Surveillance sentinelle chez les femmes enceintes chaque année ; - Estimation et projection épidémiologique chaque année ; - Elaboration du manuel de suivi et évaluation du Projet Fonds Mondial série 8 ; - Rapport UNGASS 2008 ; Rapport UNGASS 2010 en cours - Rapports REDES 2006-2007 et 2008 ; - Rapport de la consultation sur l'Accès Universel 2009 ; - Déploiement du CRIS3 en cours.

168)

What are remaining challenges in this area:

- Mobilisation des ressources financières adéquates ; - Systématisation du mécanisme de décentralisation et de compilation des rapports et données ; - Opérationnalisation au niveau décentralisé du système national de suivi et évaluation ; - Renforcement des capacités techniques et matérielles des acteurs ; - Mise en place d'une stratégie d'évaluation de la qualité des données ; - Opérationnalisation du système de collecte des données ; - Insuffisance des ressources humaines pour le suivi et évaluation au niveau décentralisé ; - Insuffisance de supervision.

Page 83

169)

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

170)

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:

Le VIH est mentionné expressément et concerne tous les domaines

171)

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

172)

Part B, Section I. HUMAN RIGHTS

2.1 IF YES, for which subpopulations?

| | |
|--|-----|
| a. Women | Yes |
| b. Young people | Yes |
| c. Injecting drug users | No |
| d. Men who have sex with men | No |
| e. Sex Workers | Yes |
| f. prison inmates | Yes |
| g. Migrants/mobile populations | Yes |
| Autre: Corps habillés, routiers, enseignants | Yes |

173)

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

Les juridictions existantes sont opérationnelles de même que les organisations publiques et privées de défense des droits humains (CNDH chargée de la promotion et de la protection des droits humains ; DGPE chargée de la coordination et de l'exécution de la politique du gouvernement en matière de protection de l'enfant).

174)

Briefly describe the content of these laws:

La loi N°2005-012 du 14 décembre 2005 portant protection des personnes en matière du VIH/sida comprend huit (8) chapitres : - Chapitre 1 : Des dispositions générales - Chapitre 2 : Des mesures de santé publique - Chapitre 3 : De la prévention, du dépistage et du diagnostic - Chapitre 4 : De la Recherche clinique - Chapitre 5 : De la protection des PVVIH (lutte contre la stigmatisation et la discrimination, prise en charge psychosociale et médicale, protection spéciale en milieu carcéral) - Chapitre 6 : De la protection des personnes vulnérables au VIH/sida (femmes, enfants et autres personnes à risque) - Chapitre 7 : Des dispositions pénales - Chapitre 8 : Des dispositions diverses et finales

175)

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

Une grande partie de la population générale ignore l'existence de cette loi. Mais ceux qui la connaissent oeuvrent pour son application.

Page 86

176)

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

177)

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. SexWorkers | Yes |
| f. prison inmates | No |
| g. Migrants/mobile populations | No |

Autres: insérer

178)

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

Le code pénale et d'autres textes prévoient des sanctions contre les CDI, les HSH (considérés comme entretenant des relations contre nature), les professionnels de sexe.

179)

Briefly comment on how they pose barriers:

Ces groupes préfère la clandestinité au risque d'être punis par la loi.

Page 88180) **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

181)

Part B, Section I. HUMAN RIGHTS**Question 4 (continued)****IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:**

Les chapitres 5 et 6 de la loi n°2005-012 du 14 décembre 2005 énumèrent clairement ces droits humains notamment en matière d'accès à l'emploi, aux soins, au logement, aux établissements scolaires, bref tous les domaines de la société.

182)

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

Yes (0)

Page 90

183)

Part B, Section I. HUMAN RIGHTS

Question 5 (continued)

IF YES, briefly describe this mechanism:

Les tribunaux et autres juridictions, le Noyau anti-sida du Ministère de la Justice, les organisation de défense des droits humains.

184)

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

185)

Part B, Section I. HUMAN RIGHTS

Question 6 (continued)

IF YES, describe some examples:

Les associations de PVVIH, de femmes, les associations de défense des droits des enfants, le secteur privé

186)

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

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

Page 92

187)

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:

Mise à disposition gratuite de préservatifs, dépistage gratuit dans certains centres, gratuité des ARV depuis novembre 2008. Pourtant les ARV n'atteignent pas toutes les contrées, notamment celles qui sont éloignées des grandes villes.

188)

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

189)

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)

190)

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

191)

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

IF YES, briefly describe the content of this policy:

Les professionnels de sexe sont pris en compte par la loi n°2005-012 de même que les jeunes, les femmes, les routiers, les enseignants, les corps habillés voire la population en milieu carcéral. Cette dernière cible a commencé par bénéficier timidement de ces services. La politique prévue tient compte d'eux.

192)

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

193)

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:**

Grâce à l'appui de certaines ONG et de l'ONUDC, la population carcérale commence à être prise en compte réellement.

194)

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

Yes (0)

195)

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

Yes (0)

Page 96

196)

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)

197)

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

Le comité donne son avis sur les projets de recherche en matière de santé, sur toutes les questions relatives aux droits humains par rapport aux pratiques médicales et hospitalières et de façon générale, il se prononce sur toute question liée à l'éthique.

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198)

– 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)

199)

– **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)

200)

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

No (0)

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201)

Part B, Section I. HUMAN RIGHTS

Question 12 (continued)

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

- les juridictions; - le Ministère des Droits de l'Homme; - le Noyau anti-sida et le Point Focal VIH du Ministère de la Justice; - la Commission Nationale des Droits de l'Homme (CNDH); - l'association des magistrats - le CNLS-IST ; - les ONG de défense des droits humains.

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202)

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)

203)

– **Legal aid systems for HIV casework**

Yes (0)

204)

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

Yes (0)

205)

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

Yes (0)

206)

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

Yes (0)

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207)

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: Conférence/séminaires, atelier, sensibilisation de proximité | Yes |

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208)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)

Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2009?

7 (7)

209)

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

- Vulgarisation de la loi ; - Formation des magistrats, des auxiliaires de justice, des officiers de police et des commandants de brigade ; - Assistance juridique des magistrats formés.

210)

What are remaining challenges in this area:

- Absence de mécanisme d'application de la loi n°2005-012 ; - Les mesures de confidentialité doivent être renforcées au niveau des juridictions par des textes ; - Les améliorations et amendements apportées à la loi n°2005-012 doivent être adoptée à l'Assemblée Nationale - La formation de plus en plus de personnes notamment des professionnels de santé sur cette loi est impérieuse.

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211)

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)

212)

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

- Formation des magistrats, des auxiliaires de justice, des officiers de police et des commandants de brigade sur la loi n°2005-012 du 14 décembre 2005 ; - Sensibilisation de la population.

213)

What are remaining challenges in this area:

- La sensibilisation doit toucher tous les secteurs de la société pour éviter/réduire la stigmatisation et la discrimination ; - La prédominance des faits sociaux et religieux.

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214)

Part B, Section II: CIVIL SOCIETY* PARTICIPATION

1. To what extent has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?

4 (4)

215)

Comments and examples:

- L'engagement de la société civile dans tous les domaines de la lutte contre le VIH (y compris les soins et traitement) a conduit l'Etat à prendre ses responsabilités. - La société civile a participé à tous les étapes de l'élaboration du PSN 2007-2010 et a pu faire prendre en compte ses préoccupations. - Problème de représentativité des représentants de la société civile (comment rendent-ils compte?). - PASCI est un exemple d'engagement politique en faveur de la société civile.

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216)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

2. To what extent have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current

activity plan (e.g. attending planning meetings and reviewing drafts)?

4 (4)

217)

Comments and examples:

On a responsabilisé la société civile pour coordonner les ateliers sectoriels pour la validation du PSN 2007-2010

Page 105

218)

a. the national AIDS strategy?

4 (4)

219)

b. the national AIDS budget?

0

220)

c. national AIDS reports?

5 (5)

221)

Comments and examples:

- Tous les domaines sont pris en compte ; - Le VIH n'a pas de budget propre ; - La société civile a d'énormes difficultés liées à son organisation; - La société civile fournit l'essentiel des rapports au niveau national.

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222)

a. developing the national M&E plan?

3 (3)

223)

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

3 (3)

224)

c. M&E efforts at local level?

4 (4)

225)

Comments and examples:

- Participation figurative de la société civile (on a l'impression que ce sont les partenaires qui obligent l'Etat à impliquer la société civile). - La participation de la société civile n'est pas totale et n'est pas à tous les niveaux (la société civile n'est pas associée à tous les processus de prise de décisions).

Page 107**226) 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)

227)

Comments and examples:

Certaines catégories d'organisations sont surreprésentées alors que d'autres sont sous-représentées et/ou pas du tout représentées.

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228)

a. adequate financial support to implement its HIV activities?

2 (2)

229)

b. adequate technical support to implement its HIV activities?

2 (2)

230)

Comments and examples:

- Les ressources mobilisées ne sont pas suffisantes pour couvrir les besoins ; - Les associations ne sont que des prestataires et leurs besoins réels ne sont pas pris en compte.

Page 109**231) 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 | 25-50% |
| Reduction of Stigma and Discrimination | >75% |
| Clinical services (ART/OI)* | >75% |
| Home-based care | >75% |
| Programmes for OVC** | >75% |

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232)

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

7 (7)

233)

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

- Mise en place du PASCI ; - Désignation de la société civile comme bénéficiaire secondaire du Projet Fonds Mondial série 8 ; - Organisation du forum de la société civile en 2007.

234)

What are remaining challenges in this area:

- Difficultés de mise en place d'une faitière ; - Rareté des ressources et absence d'un budget alloué par l'Etat ; - Problèmes de définition d'un cadre d'intervention de la société civile.

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235)

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

Yes (0)

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236)

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

- A travers des enquêtes CAP ; - Collecte des informations auprès des organisations - rapports d'activités.

237)

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 | 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 | Don't agree |
| Risk reduction for men who have sex with men | Don't agree |
| Risk reduction for sex workers | Don't agree |
| Reproductive health services including sexually transmitted infections prevention and treatment | Don't agree |
| School-based HIV education for young people | Don't agree |
| HIV prevention for out-of-school young people | Don't agree |
| HIV prevention in the workplace | Don't agree |

Autres: insérer

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238)

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)

239)

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

- Interventions en faveur des MSM - Apport du projet Organisation du Corridor Abidjan-Lagos (OCAL) - Organisation d'une campagne de dépistage au cours de la JMS

240)

What are remaining challenges in this area:

Faible mobilisation des ressources

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241)

Part B, Section IV: TREATMENT, CARE AND SUPPORT**1. Has the country identified the specific needs for HIV treatment, care and support services?**

Yes (0)

Page 115

242)

Part B, Section IV: TREATMENT, CARE AND SUPPORT**Question 1 (continued)****IF YES, how were these specific needs determined?**

- Collecte de données auprès des structures impliquées - Exploitation des rapports d'activités ; -
Extrapolation à partir des données épidémiologiques.

243)

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

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244)

Part B, Section IV: TREATMENT, CARE AND SUPPORT**Question 1.1 (continued)**

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

8 (8)

245)

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

- Gratuité des ARV ; - Décentralisation de la prescription et de la dispensation des ARV ; - Disponibilité des médicaments / accréditation des structures de prise en charge médicale (PECM).

246)

What are remaining challenges in this area:

- Tendre vers l'accès universel ; - Poursuivre l'accréditation vers les zones non couvertes par les centres de PECM ; - Rendre gratuit le bilan initial ; - Rapprocher les laboratoires d'énumération des CD4 des malades

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247)

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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248)

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)

249)

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

Yes (0)

250)

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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251)

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

3 (3)

252)

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

- Proposition relative à la prise en charge des OEV soumise à la série 9 du Fonds Mondial de Lutte contre le Sida, la Tuberculose et le Paludisme ; - Mise en place du Programme PASCI.

253)

What are remaining challenges in this area:

- Définir une politique nationale des OEV ; - Faire un recensement fiable des OEV.