Appendix 4. National Composite Policy Index (NCPI) 2010

COUNTRY:
NAMIBIA

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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Instructions

The following instrument measures progress in the development and implementation of national HIVpolicies, strategies and laws. **It is an integral part of the core UNGASS indicators and is to be completed and submitted as part of the 2010 UNGASS Country Progress Report.**

This fourth version of the National Composite Policy Index (NCPI) has been updated to reflect new HIV programmatic guidance and to be consistent with new and agreed to policy and implementation measurement tools.[14] Additional guidance has been included to increase validity of the responses and comparability across different countries. The majority of questions are identical to the 2005 and 2007
NCPI, hence countries are able and are strongly advised to conduct a trend analysis and include a descrip- tion of progress made in (a) policy, strategy and law development and (b) implementation of these in support of the country's HIV response. Comments on the agreements or discrepancies between overlap- ping questions in Parts A and B should also be included as well as a trend analysis on the key NCPI data since 2003, where available[15].

STRUCTURE OF THE QUESTIONNAIRE

The NCPI is divided into **two parts**.

Part A to be administered to government

officials. Part A covers:

I. Strategic plan
II. Political support
III. Prevention
IV. Treatment, care and support
V. Monitoring and evaluation

Part B to be administered to representatives from civil society organizations, bilateral agencies, and UN organizations.

Part B covers:

I. Human rights
II. Civil society involvement
III. Prevention
IV. Treatment, care and support

Some questions occur in both Part A and Part B to ensure that the views of both the national government and nongovernmental respondents, whether in agreement or not, are obtained.

It is important to submit a fully completed NCPI. Please check the relevant standardized responses as well
as provide further information in the open text boxes where requested. This will facilitate a better under- standing of the current country situation, provide examples of good practice for others to learn from, and pin-point some issues for further improvement. NCPI responses reflect the overall policy, strategy, legal and programme implementation environment of the HIV response. The open text boxes provide an opportunity to comment on anything that is perceived to be important but insufficiently captured by the standardized questions (e.g. important subnational variations; the level of implementation of laws, policies or regulations; explanatory notes; comments on data sources etc). In general, *draft* strategies, policies, or laws
are *not* considered 'in existence' (i.e. there is no opportunity yet to expect their influence on programme

[14] Policy and Planning Effort Index for children orphaned and made vulnerable by HIV/AIDS, UNICEF 2005; Scaling up Towards Universal Access, UNAIDS 2006; Setting National Targets for Moving Towards Universal Access, UNAIDS 2006; Practical Guidelines for Intensifying HIV Prevention; UNAIDS 2007

[15] Compare NCPI in *Guidelines on construction of core indicators*, UNAIDS 2002, 2005, and 2007 respectively, for selecting questions for which trends can
be calculated.

implementation) so questions about whether such a document exists should be answered with 'no'. It would, however, be useful to state that such documents are in draft form in the relevant open text box.

The overall responsibility for collating and submitting the information requested in the NCPI lies with the national government, through officials from the National AIDS Committee (NAC) (or equivalent).

PROPOSED STEPS FOR DATA GATHERING AND DATA VALIDATION

The NCPI is ideally completed in the last 6 months of the reporting period (i.e. between June and December 2009 for the 2010 reporting round). As a variety of stakeholders need to be consulted, it is important to allow adequate time for the data gathering and data consolidation process.

1. **Designate two technical coordinators (one for part A; one for part B)**

   Technical coordinators should be given responsibility to undertake the desk review, to carry out interviews as needed, to bring together relevant stakeholders, and to facilitate collating and consoli- dating the NCPI data. Preferably, the technical coordinator for Part A is from the NAC (or equiva- lent) and for Part B is a person outside the government. They should ideally have a monitoring and evaluation background, knowledge of the main actors in the national HIV response, and an under- standing of the national policy and legal environment.

2. **Agree with stakeholders on the NCPI data gathering and validation process**

   Accurate completion of the NCPI requires the involvement of a range of stakeholders which should include representatives of civil society organizations. It is strongly recommended to organize an initial workshop with key stakeholders to agree on the NCPI data-gathering process including relevant documents for desk review, organizational representatives to be interviewed, the process to be used for determining final responses, and the timeline.

3. **Obtain data**

   The submitted NCPI data should represent the most recent stock-taking of the policy, strategic and legal environment. As the process involves a range of stakeholders and data need to be consolidated before official submission to UNAIDS, it is important to allow adequate time for completion.

   Each section should be completed by completing the following tasks:

   (i). Desk review of relevant documents

   If not already the case, it is useful to collate all key documents (i.e. policies, strategies, laws, guidelines, reports etc) related to the HIV response in one place which allows easy access by all stakeholders (such as a website). This will not only facilitate validation of NCPI responses but, even more importantly, increase awareness about and encourage use over time of these important documents in the implementation of the national HIV response.

   (ii). Interviewing (or other ways of obtaining the information efficiently) key people most knowl- edgeable about the specific topic including, but not restricted to the following:

   - *For Strategic Plan* and *Political Support sections*: the Director or Deputy Director of the National AIDS Programme or National AIDS Committee (or equivalent), the Heads of the AIDS Programme at provincial and at district levels (or equivalent decentralised levels).
   - *For Monitoring and Evaluation section*: Officers of the National AIDS Committee (or equiva- lent), Ministry of Health, HIV focal points of other ministries, the national monitoring and evaluation technical working group.
   - *For Human Rights questions:* Ministry of Justice officials and human rights commissioners for questions in Part A; representatives of human rights and other civil society organizations and legal aid centres/institutions working in the area of HIV for questions in Part B.
   - *For Civil Society Participation section:* key representatives of major civil society organizations working in the area of HIV.These specifically include representatives from networks of people living with HIV and from most-at-risk and other vulnerable populations.

- *For Prevention and Treatment, Care and Support sections:* Ministries and major implementing agencies/organizations in those areas, including nongovernmental organizations and networks of people living with HIV.

Note that interviewees are requested to provide responses as representatives of their institutions or constituencies, not their own personal views.

4. Validate, analyse and interpret data

Once the NCPI is fully completed, the technical coordinators need to carefully review all responses to determine if additional consultations or review of more documents are needed.

It is important to analyse the data for each of the NCPI sections and include a write-up in the Country Progress Report in terms of progress made in policy/strategy development and imple- mentation of programmes to tackle the country's HIV epidemic. Comments on the agreements/ discrepancies between overlapping questions in Part A and Part B should also be included, as well as a trend analysis on the key NCPI data since 2003, where available.

It is strongly recommended to organize a final workshop with key stakeholders to present, discuss and validate the NCPI responses and the write-up of the findings before official submission. It is expected that representatives from civil society organizations working in the area of HIV are invited to participate. These specifically include representatives from networks of people living with HIV and from most-at-risk and other vulnerable populations. Ideally, the workshop would review the results from the last reporting round highlighting changes since that time and focus on validation of the NCPI data. Agreement on the final NCPI data does not require that discrepancies, if any, between overlapping questions in Part A and Part B be reconciled; it simply means that when there are different perspectives, that Part A respondents agree on their responses, Part B respondents agree on their responses, and that both are submitted. If there are no established mechanisms in place, the workshop can also provide an opportunity to discuss further collaboration between relevant stake- holders to address key gaps identified through the NCPI process.

5. Enter and submit data

Submit the final NCPI data before 31 March 2010, using the dedicated software provided on the UNGASS reporting website (www.unaids.org/UNGASS2010). If this is not possible, an electronic version of the completed questionnaire should be submitted as an appendix to the Country Progress Report before 15 March 2010 to allow time for the manual entry of data in Geneva.

NCPI Data Gathering and Validation Process

Describe the process used for NCPI data gathering and validation:

Information was gathered from both government and non-government representatives. In total, eighteen (18) informants were interviewed, eight (8) government representatives and ten (10) non-government representatives.

After interviewing one of the informants, the methodology was changed from interviews to self administration of the questionnaires. This approach was adopted due to the fact that the interviews are time consuming and considering the fact that it was year end it was close to impossible to secure interviews with the respondents to due other commitments such as end of year reports, closing the year etc. Thus all informants completed the questionnaires individually with the exception of one informant.

The process took much longer than anticipated. Informants complained that the questionnaire was too long and cumbersome which resulted in the loss of critical information to substantiate information provided because of incomplete questionnaires. Government officials were of the opinion that the questionnaire was bias in the sense that it leaned more towards Ministry of Health and not other Ministry efforts in the HIV response.

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

Subsequent to the completion of the questionnaires, two consensus meetings were held in February 2010 for government and civil society. The purpose of the consensus meetings were to build consensus on the response received particularly the scores allocated to each component. The civil society consensus meeting was well attended compared to the government meeting. The meetings were extremely helpful as it complimented the questionnaires and provided additional information to substantiate the scores.

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

The National Coordination committees in Namibia includes a National AIDS Council of Ministers referred to here as the NAC but there is also a National Multisectoral AIDS Coordination Committee (NAMACOC) of Permanent Secretaries as well as a National AIDS Executive Committee (NAEC) that provides technical Leadership

NCPI Respondents

[Indicate information for **all** whose responses were compiled to fill out (parts of) the NCPI in the below table; add as many rows as needed]

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

Organization	Names/Positions	Respondents to Part A [indicate which parts each ...]				
		A	A	A.I	A.I	A.V
Khomas Regional Council	N. El Ekaku/CLO	√	√	√	√	√
National Planning Commission	Hilma Ekali/Chief economist	√	√	√	√	√
National Planning Commission	Mary Tuyeni Hangula/Deputy Director	√	√	√	√	√
MoHSS/Directorate of Special Programmes (NAC secretariat	Abner Axel Xoagob/Manager Expanded National AIDS Response	√	√	√	√	√
MoHSS/ Directorate of Special Programmes (NAC secretariat)	Anna Jonas/Chief, Response Monitoring and Evaluation	√	√	√	√	√
Office of the Prime Minister (OPM)	Kessler/Director	√	√	√	√	√
Ministry of Gender Equality and Child Welfare	Joyce Nakuta/ Deputy Director	√	√	√	√	√
Ministry of Education	Kahikuata/ Director	√	√	√	√	√

Add details for <u>all</u> respondents.

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 ...]		
		B.II	B.III	B.IV
NANASO	E.M Hamburee/Network support manager	√	√	√
NANASO	T. Mulokoshi/M&E officier	√	√	√
UNICEF	Agostino Munyiri/ Senior Health Officer	√	√	√
Mothers voice grassroots project	B. Gawanab/Advisor to the director	√	√	√
Nambia Traditional Healer Association	J.M.E Katjimune /Secretary General	√	√	√
ARASA-AIDS and rights alliance for southern africa	Alan Msosa/ M&E coordinator	√	√	√
NANASO	Michael Mulondo/Director	√	√	√

Namibias womens network	M.Erastus/National coordinator	√	√	√
COIS	N.Nyjomba/Project Officer	√	√	√
Anglican AIDS program	J/Park/Secretary &Coordinator	√	√	√
YWCA	M. Simeon/National Coordinator	√	√	√
Society for family Health	Z. Akinyemi/Managing Director	√	√	√
NAPPA	G. Siseho/Program manager	√	√	√
NAPPA	B. Kwenda/Registered Nurse	√	√	√
NEYO	A.Tjombonde/Secretary General	√	√	√
St. John Apostolic	Rev Katambo/Residet	√	√	√
AIDS care centre	A/Maharero/Consellor	√	√	√

Add details for <u>all</u> respondents.

National Composite Policy Index (NCPI) questionnaire

Part A

[to be administered to government officials]

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√	No	Not Applicable (N/A)

Period covered: *[write in]*

IF NO or NOT APPLICABLE, briefly explain why.

***IF YES*, complete questions 1.1 through 1.10; *IF NO*, go to question 2.**

1.1 How long has the country had a multisectoral strategy?

Number of Years:1990, 1992-97,1998-03, 2004-2010 *[write in]*

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

Sectors	Included in strategy		Earmarked budget	
Health	Yes√	No	Yes√	No
Education	Yes√	No	Yes√	No
Labour	Yes√	No	Yes√	No
Transportation	Yes√	No	Yes√	No
Military/Police	Yes√	No	Yes√	No
Women	Yes√	No	Yes√	No
Young people	Yes√	No	Yes√	No
Other*: *[write in]*	Yes√	No	Yes√	No

* Any of the following: Agriculture√, Finance√, Human Resources√, Justice√, Minerals and Energy√, Planning√, Public Works√, Tourism, Trade and Industry√.

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?

The budget is mostly for workplace HIV/AIDS programs. We are negotiating for HIV/AIDS mainstreaming budget for all public, private and civil society programs to be included in the NSF (2010/15)

1.3 Does the multisectoral strategy address the following target populations, settings and cross- cutting issues?

Target populations	
a. Women and girls	a.Yes√ No
b. Young women/young men	b. Yes√ No
c. Injecting drug users	c.Yes No√
d. Men who have sex with men	d. Yes√ No
e. Sex workers	e. Yes√ No
f. Orphans and other vulnerable children	f. Yes√ No
g. Other specific vulnerable subpopulations*	g. Yes√ No
Settings	
h. workplace	h. Yes√ No
i. Schools	i. Yes√ No
j. Prisons	j. Yes√ No
Cross-cutting issues	
k. HIV and poverty	k. Yes√ No
l. Human rights protection	l. Yes√ No
m. Involvement of people living with HIV	m.Yes√ No
n. Addressing stigma and discrimination	n. Yes√ No
o. Gender empowerment and/or gender equality	o. Yes√ No

1.4 Were target populations identified through a needs assessment?

Yes√	No

IF YES, when was this needs assessment conducted?

Year:2009-Drivers of the epidemic and other vulnerability studies *[write in]*

* Sub-populations other than injecting drug users, men who have sex with men and sex workers, that have been locally identified as being at higher
risk of HIV transmission (e.g., clients of sex workers, cross-border migrants, migrant workers, internally displaced people, refugees, prisoners).

IF NO, explain how were target populations identified?

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

[write in]

People with Multiple concurrent partners, Youth in and out of school, Sex workers, uncircumcised men, prisoners, armed forces, Workplace,

1.6 Does the multisectoral strategy include an operational plan?
See 1.3

Yes√	No

1.7 Does the multisectoral strategy or operational plan include:

a. Formal programme goals?	Yes√	No
b. Clear targets or milestones?	Yes√	No
c. Detailed costs for each programmatic area?	Yes√	No
d. An indication of funding sources to support programme	Yes√	No
e. A monitoring and evaluation framework?	Yes√	No

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

Active involvement√	Moderate involvement	No involvement

IF active involvement, briefly explain how this was organised:
NANASO-National HIV/AIDS Civil Society Network has been in existence for the past 15 years.

NANGOF- NGO Forum has been an active partner in the HIV/AIDS response-

with some umbrella bodies such as CCN, Trade Unions, Women Groups and PLWHA

* Civil society includes among others: networks of people living with HIV; women's organizations; young people's organizations; faith-based organi-
zations; AIDS service organizations; community-based organizations; organizations of key affected groups (including men who have sex with men, sex workers, injecting drug users, migrants, refugees/displaced populations, prisoners); workers organizations, human rights organizations; etc. For
the purpose of the NCPI, the private sector is considered separately.

IF NO or MODERATE involvement, briefly explain why this was the case:

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

Yes√	No

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

Yes, all partners√	Yes, some partners	No

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

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√	No	N/A

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

a. National Development Plan	Yes√	No	N/A
b. Common Country Assessment **/** UN Development Assistance	Yes√	No	N/A
c. Poverty Reduction Strategy	Yes√	No	N/A
d. Sector-wide approach	Yes√	No	N/A
e. Other: *[write in]*	Yes	No	N/A

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√	No
Treatment for opportunistic infections	Yes√	No
Antiretroviral treatment	Yes√	No
Care and support (including social security or other schemes)	Yes√	No
HIV impact alleviation	Yes√	No
Reduction of *gender* inequalities as they relate to HIV prevention/	Yes√	No
Reduction of *income* inequalities as they relate to HIV prevention/	Yes√	No
Reduction of stigma and discrimination	Yes√	No
Women's economic empowerment (e.g. access to credit, access to land, training)	Yes√	No
Other: *[write in]*	Yes	No

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

Yes√	No	N/A

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

Low			High		
0	1	2	3	√4	5

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√	No

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√	No
Condom provision	Yes√	No
HIV testing and counselling	Yes√	No
Sexually transmitted infection services	Yes√	No
Antiretroviral treatment	Yes√	No
Care and support	Yes√	No
Others: *[write in]*	Yes	No

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):

VCT- Voluntary Testing and counseling as outlined in the National HIV and AIDS policy and MAPP. VCT centres establish at some military bases.

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

Yes√	No

5.1 ***IF YES,*** for which subpopulations?

a. Women	Yes√	No
b. Young people	Yes√	No
c. Injecting drug users	Yes	No√
d. Men who have sex with men	Yes√	No
e. Sex Workers	Yes√	No
f. Prison inmates	Yes√	No
g. Migrants/mobile populations	Yes√	No
h. Other: *[write in]*	Yes	No

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

The National Policy on HIV/AIDS 2007

Briefly comment on the degree to which these laws are currently implemented:
Most of the laws and policies have been implemented and relevant resources have been allocated for scale-up implementation for the laws and policies

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	No√

6.1 ***IF YES,*** for which subpopulations?

a. Women	Yes	No
b. Young people	Yes	No
c. Injecting drug users	Yes	No
d. Men who have sex with men	Yes	No
e. Sex Workers	Yes	No
f. Prison inmates	Yes	No
g. Migrants/mobile populations	Yes	No
h. Other: *[write in]*	Yes	No

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

Briefly comment on how they pose barriers:
The barriers are comprehensively addressed in the introduction of the National Policy HIV/AIDS

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

Yes√	No

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

Yes √	No

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

Yes√	No

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√	Estimates of current needs only	No

7.4 Is HIV programme coverage being monitored?

Yes√	No

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

Yes√	No

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

Yes√	No

IF YES, for which population groups?

Youth , Adults

Briefly explain how this information is used:

Defining focus of HIV programme activities for youth and adults

(c) Is coverage monitored by geographical area?

Yes√	No

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

13 Regions, 34 districts and137 constituencies

Briefly explain how this information is used:
Planning, Resource allocation, budgeting and program implementation

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√	No

Overall, how would you rate *strategy planning efforts* in the HIV programmes in 2009?										
2009	Very poor									Excellent
	0	1	2	3	4	5	6	7	√8	9	10

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

Assessment of the Drivers of the epidemic

What are remaining challenges in this area:

Human Resources and Finances in the Health Sector and non health sector.

II. POLITICAL SUPPORT

Strong political support includes: government and political leaders who speak out often about AIDS and regularly chair important AIDS meetings; allocation of national budgets to support HIV programmes; and, effective use of government and civil society organizations to support HIV programmes.

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√	No
Other high officials	Yes√	No
Other officials in regions and/or districts	Yes√	No

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

Yes√	No	

IF NO, briefly explain why not and how AIDS programmes are being managed:

2.1 ***IF YES***, when was it created?

Year:1992 *[write in]*

2.2 ***IF YES***, who is the Chair?

Name: Hon. Dr. Richard Nchabi Kamwi

Position/Title:Minister of Health and Social Services *[write in]*

2.3 ***IF YES***, does the national multisectoral AIDS coordination body (National AIDS Executive Committee)

have terms of reference?	Yes√	No
have active government leadership and participation?	Yes√	No
have a defined membership?	Yes√	No
IF YES, how many members? *[14]*		
include civil society representatives?	Yes√	No
IF YES, how many? *[3]*		
include people living with HIV?	Yes√	No
IF YES, how many? *[1]*		
include the private sector?	Yes√	No
have an action plan?	Yes√	No
have a functional Secretariat?	Yes√	No
meet at least quarterly? (biannually)	Yes√	No
review actions on policy decisions regularly?	Yes√	No
actively promote policy decisions?	Yes√	No
provide opportunity for civil society to influence decision-making?	Yes√	NO
strengthen donor coordination to avoid parallel funding	Yes√	No

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√	No	N/A

IF YES, briefly describe the main achievements:
We follow the UNAIDS 'Three ones"
The policy is inclusive of public, private and civil society at all levels and programs

Briefly describe the main challenges:

HIV AIDS mainstreaming across the board and the allocation of relevant resources for effective implementation of laws, policies and plans.

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

Percentage: 15% *[write in]*

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√	No
Technical guidance	Yes√	No
Procurement and distribution of drugs or other supplies	Yes√	No
Coordination with other implementing partners	Yes√	No
Capacity-building	Yes√	No
Other:Guidance and legal frameworks *[write in]*	Yes√	No

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

Yes√	No

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

Yes√	No

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

A comprehensive, transparent, inclusive process was followed at all levels engaging public, private and civil society to develop the 2007 National HIV Policy. The policy will facilitate Review of number of laws, guidelines and other relevant policies.

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

Travel restrictions for HIV positive visitors to Namibia (In advanced stage of removal)

Overall, how would you rate the *political support* for the HIV programme in 2009?											
2009	Very poor										Excellent
	0	1	2	3	4	5	6	7	8	√9	10

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

Policy and law reform and endorsement, resource allocation and mainstreaming of HIV/AIDS in the GRN key programs

What are remaining challenges in this area:

Scaling up of resource allocation and programs mainstreaming of HIV/AIDS in all the government, private sectors and civil society

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√	No	N/A

1.1 ***IF YES***, what key messages are explicitly promoted?

☐ Check for key message explicitly promoted

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

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

Yes√	No

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

Yes√	No	N/A

2.1 Is HIV education part of the curriculum in:

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

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

Yes√	No

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

Yes√	No

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√	No

IF NO, briefly explain:

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

	IDU*	MSM**	Sex workers	Clients of sex workers	Prison inmates	Other populations* *[write in]*
Targeted information on risk reduction and HIV		√	√	√	√	
Stigma and discrimination reduction		√	√	√	√	
Condom promotion		√	√	√	√	
HIV testing and counselling		√	√	√	√	
Reproductive health, including sexually transmitted infections						
Vulnerability reduction (e.g. income generation)	N/A	N/A		N/A	N/A	
Drug substitution therapy		N/A	N/A	N/A	N/A	
Needle & syringe exchange		N/A	N/A	N/A	N/A	

* IDU = injecting drug user

* MSM = men who have sex with men

Overall, how would you rate *policy* efforts in support of HIV prevention in 2009?											
2009	Very poor										Excellent
	0	1	2	3	4	5	6	7	√8	9	10
Since 2007, what have been key achievements in this area: Formulated a Public sector work place policy *What are remaining challenges in this area:* Scaling up of prevention programs as outlined in the prevention strategy and MTP4 (NSF) with specific focus on human sexuality											

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

Yes√	No

IF YES, how were these specific needs determined?

Identified the following drivers of the epidemic include multiple and concurrent partnerships, inconsistent use of condoms, low male circumcision, low levels of HIV testing, alcohol abuse, inter-generational sex and transactional sex.

Interventions targeting behavioural, biomedical and structural drivers of the epidemic need to be intensified and implemented

IF NO, how are HIV prevention programmes being scaled-up?

4.1 To what extent has HIV prevention been implemented?

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

Overall, how would you rate the efforts in the *implementation* of HIV prevention programmes in 2009?											
2009	Very poor										Excellent
	0	1	2	3	4	5	6	7	√8	9	10

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

See MTP3 Progress reports

What are remaining challenges in this area:

* IEC = information, education, communication

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√	No

1.1 ***IF YES***, does it address barriers for women?

Yes√	No

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

Yes√	No

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

Yes√	No

IF YES, how were these determined?

During the development of the MTP1, 2 and 3

IF NO, how are HIV treatment, care and support services being scaled-up?

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

HIV treatment, care and support service	The majority of people in need have acces		
Antiretroviral therapy	√Agree	Don't Agree	N/A
Nutritional care	√Agree	Don't Agree	N/A
Paediatric AIDS treatment	√Agree	Don't Agree	N/A
Sexually transmitted infection management	√Agree	Don't Agree	N/A
Psychosocial support for people living with HIV	√Agree	Don't Agree	N/A
Home-based care	√Agree	Don't Agree	N/A
Palliative care and treatment of common HIV-related infections	√Agree	Don't Agree	N/A
HIV testing and counselling for TB patients	√Agree	Don't Agree	N/A
TB screening for HIV-infected people	√Agree	Don't Agree	N/A
TB preventive therapy for HIV-infected	√Agree	Don't Agree	N/A
TB infection control in HIV treatment and care facilities	√Agree	Don't Agree	N/A
Cotrimoxazole prophylaxis in HIV-infected people	√Agree	Don't Agree	N/A
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	√Agree	Don't Agree	N/A
HIV treatment services in the workplace or treatment referral systems through the	√Agree	Don't Agree	N/A
HIV care and support in the workplace (including alternative working	√Agree	Don't Agree	N/A
Other: *[write in]*	Agree	Don't Agree	N/A

3. Does the country have a policy for developing/using generic drugs or parallel importing of drugs for HIV?

Yes√	No

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√	No

IF YES, for which commodities?: *[write in]*

TB Drugs

Overall, how would you rate the efforts in the *implementation* of HIV treatment, care and support programmes in 2009?											
2009	Very poor										Excellent
	0	1	2	3	4	5	6	√7	8	9	10
Since 2007, what have been key achievements in this area: As of 31 March 2009, 64,637 people (84% in need) were receiving treatment (57,015 adults (83% of in need) and 7,622 children (95% of in need) in the public sector *What are remaining challenges in this area:* Change ART guidelines											

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

Yes√	No	N/A

5.1 ***IF YES***, is there an operational definition for orphans and vulnerable children in the country?

Yes√	No

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

Yes√	No

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

Yes√	No

IF YES, what percentage of orphans and vulnerable children is being reached? % *[write in]*

Overall, how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2009?											
2009	Very poor										Excellent
	0	1	2	3	4	5	6	√7	8	9	10
Since 2007, what have been key achievements in this area: Number of children receiving social welfare grants from April 2008 to March 2009, increased monthly from 91,983 in April 2008 to over 102,000 by February and March 2009 which is a positive trend. The NDP target is to reach 130,000 OVCs annually by 2010 *What are remaining challenges in this area:* Ensure that all Orphans have birth certificates.											

V. MONITORING AND EVALUATION

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

Yes√	In progress	No

IF NO, briefly describe the challenges:

1.1 ***IF YES***, years covered:2004-2010 *[write in]*

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

Yes√	No

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

Yes√	No

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

Yes, all partners√	Yes, most partners	Yes, but only some partners	No

IF YES, but only some partners or IF NO, briefly describe what the issues are:

2. Does the national Monitoring and Evaluation plan include?

a data collection strategy	Yes√	No
IF YES, does it address:		
routine programme	Yes√	No
monitoring behavioural	Yes√	No
surveys	Yes√	No
HIV surveillance	Yes√	No
a well-defined standardised set of indicators	Yes√	No
guidelines on tools for data collection	Yes√	No
a strategy for assessing data quality (i.e., validity, reliability)	Yes√	No
a data analysis strategy	Yes√	No
a data dissemination and use strategy	Yes√	No

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

Yes√	In progress	No

3.1 ***IF YES***, what percentage of the total HIV programme funding is budgeted for M&E activities? 20-30 % *[write in]*

3.2 ***IF YES***, has *full* funding been secured?

Yes	No√

IF NO, briefly describe the challenges:

The country has applied for GFATM RCC extension, did receive a “B” classification

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

Yes√	No

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

Yes√	No

IF YES, briefly describe how often a national M&E assessment is conducted and what the assessment involves: Annually through stakeholder and partner consultations

IF NO, briefly describe how priorities for M&E are determined:

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

Yes√	In progress	No

IF NO, what are the main obstacles to establishing a functional M&E Unit?

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

in the National AIDS Commission (or equivalent)?	Yes√	No
in the Ministry of Health?	Yes√	No
Elsewhere? *[write in]*	Yes	No√

5.2 ***IF YES***, how many and what type of professional staff are working in the national M&E Unit?

Number of permanent staff:3		
Position: Chief, Health Programs *[1]*	Full time√ / Part time?	Since when?:2009
Position: Data Clerk *[1]*	Full time√ / Part time?	Since when?: 2006
[Add as many as needed]		
Number of temporary staff:		
Position:M&E Officers *[4]*	Full time√ / Part time?	Since when?:2009
Position: Data managers/clerks *[6]*	Full time√ / Part time?	Since when?: 2009
[Add as many as needed]		

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√	No

IF YES, briefly describe the data-sharing mechanisms:

Dissemination Annual NSF MTP3 Progress reports as well as other reports such as sentinel surveillance report

What are the major challenges?

Quality data not readily available
Human resources not adequate in numbers and skills

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

No	Yes, but meets irregularly	Yes, meets regularly√

6.1 Does it include representation from civil society?

Yes√	No

represented

IF YES, briefly describe who the representatives from civil society are and what their role is:

NANASO (Chairs committee), PLWHA, FBOs, and Private Sector represented by NABCOA which is the umbrella body, UN agencies and USG partners are also

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

Yes	No√

7.1 ***IF YES***, briefly describe the national database and who manages it *[write in]*

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?

a. Yes, all of the above√

b. Yes, but only some of the above: *[write in]*

c. No, none of the above

7.3 Is there a functional* Health Information System?

At national level	Yes√	No
At subnational level ***IF YES***, at what level(s)? 13 Regions *[write in]*	Yes√	No

*(*regularly reporting data from health facilities which are aggregated at district level and sent to national level;and data are analysed and used at different levels)*

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

Yes√	No

9. To what extent are M&E data used

9.1 in developing **/** revising the national AIDS strategy?:

Low			High		
0	1	2	3	√ 4	5

Provide a specific example:

PMTCT Projections

ART Drug projections and budgeting

What are the main challenges, if any?

Data quality

9.2 for resource allocation?:

Low			High		
0	1	2	3	√ 4	5

Provide a specific example:

ART procurement

What are the main challenges, if any?

9.3 for programme improvement?:

Low			High		
0	1	2	3	√ 4	5

Provide a specific example: Drivers of the epidemic assessment

What are the main challenges, if any?

Absence of bio marker behavioural (second generations surveillance)surveys of the general population and MARPs including size estimations

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

a. Yes, at all levels√

b. Yes, but only addressing some levels: *[write in]*

c. No

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

At national level?	Yes√	No
IF YES, Number trained:		*[>25]*
At subnational level?	Yes√	No
IF YES, Number trained:		*[>50]*
At service delivery level including civil society?	Yes√	No
IF YES, Number trained:		*[>100]*

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

Yes√	No

IF YES, describe what types of activities:

Workshops and conferences *[write in]*

Overall, how would you rate the *M&E efforts* of the HIV programme in 2009?											
2009	Very poor										Excellent
	0	1	2	3	4	5	6	√7	8	9	10

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

Produced an HIV sentinel surveillance report, National annual MTPIII progress report, carried out data triangulation, Produced UNGASS reports, Held regular M&E committee meetings, Produced a report on HIV estimates and projections; Conducted M&E training s of M&E officers at national and regional level

What are remaining challenges in this area:

Revise M&E plan
Revise Integrated action plan
Develop Research and Evaluation agenda
Develop M&E advocacy and communication strategy

Part B

[to be administered to representatives from civil society organizations, bilateral agencies, and UN organizations]

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√	No

1.1 ***IF YES***, specify if HIV is specifically mentioned and how or if this is a general non-discrimination provision: *[write in]*

In context of employment into labour Act

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

Non-discrimination clause in constitution

Yes	No√

2.1 ***IF YES***, for which populations?

a. Women	Yes	No
b. Young people	Yes	No
c. Injecting drug users	Yes	No
d. Men who have sex with men	Yes	No
e. Sex Workers	Yes	No
f. Prison inmates	Yes	No
g. Migrants/mobile populations	Yes	No
h. Other: *[write in]*	Yes	No

IF YES, briefly explain what mechanisms are in place to ensure these laws are implemented: Briefly describe the content of these laws: Briefly comment on the degree to which they are currently implemented:

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√	No

3.1 ***IF YES***, for which subpopulations?

a. Women	Yes	No√
b. Young people	Yes√	No
c. Injecting drug users	Yes√	No
d. Men who have sex with men	Yes√	No
e. Sex Workers	Yes√	No
f. Prison inmates	Yes√	No
g. Migrants/mobile populations	Yes√	No
h. Other: *[write in]*	Yes	No

is

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

Access to testing for young people is made difficult by age of consent to testing which

Currently at sixteen years old

Briefly comment on how they pose barriers:

Criminalisation of MSM, IDUs and sex workers pose barriers to members of these groups

Accessing testing and treatment

4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?

Yes√	No

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

All the national policies and strategic plans refer to importance of human rights response to HIV. The difficulty arises in implementation.

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√	No

IF YES, briefly describe this mechanism:

Courts, Office of the Obudsmann, labour Commisison

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√	No

IF YES, describe some examples:

PLHIV involved at least nominally in policy design. However, capacity of PLHIV groups To actively engage is poor.

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

a. HIV prevention services	Yes√	No
b. Antiretroviral treatment	Yes√	No
c. HIV-related care and support interventions	Yes√	No

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:
Country contributing nearly half the HIV expenditure which goes towards ARVs and other HIV programmes.

8. Does the country have a policy to ensure equal access for women and men to HIV prevention, treatment, care and support?

Yes√	No

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√	No

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	No√

IF YES, briefly describe the content of this policy:

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	No

~~***IF YES***, briefly explain the different types of approaches to ensure equal access for~~ different populations:

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

Yes√	No

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√	No

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

Yes	No√

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

12. Does the country have the following human rights monitoring and enforcement mechanisms?

– Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombud- spersons which consider HIV-related issues within their work

Yes√	No

– 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

Yes	No√

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

Yes	No√

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

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	No√

14. Are the following legal support services available in the country?

– Legal aid systems for HIV casework

Yes√	No

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

Yes√	No

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

Yes√	No

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

Yes√	No

IF YES, what types of programmes?

Media	Yes√	No
School education	Yes√	No
Personalities regularly speaking out	Yes	No√
Other: NGO education programs *[write in]*	Yes√	No

Overall, how would you rate the *policies, laws and regulations* in place to promote and protect human rights in relation to HIV in 2009?										
2009	Very poor									Excellent
	0	1	2	3	4	5	√6	7	8	9	10
Since 2007, what have been key achievements in this area: National HIV policy adopted that emphasizes the importance of Human Rights *What are remaining challenges in this area:* Implementation										

Overall, how would you rate the *effort to enforce* the existing policies, laws and regulations in 2009?										
2009	Very poor									Excellent
	0	1	2	3	4	√5	6	7	8	9	10

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?

Low					High
0	1	√ 2	3	4	5

Comments and examples:

National AIDS Policy, implementation and review MTP3 as well as the recent NSF and MTP4. NAEC, NACCATUM, NAMOCOC represented. However not involved in the national budgeting process. Parliamentarian standing committee presented the status if civil society, however there was no follow up from them

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)?

Low					High
0	1	2	3	√4	5

Comments and examples:

Actively involved in the NSF. Budgeting is not well representative because no provision is made Civil society. Budgeting is not clear or transparent but very much involved in planning.

3. To what extent are the services provided by civil society in areas of HIV prevention, treatment, care and support included in

a. the national AIDS strategy?

Low					High
0	1	2	3	4	√ 5

b. the national AIDS budget?

Low					High
√0	1	2	3	4	5

c. national AIDS reports?

Low					High
0	1	2	3	4	√ 5

* Civil society includes among others: networks of people living with HIV; women's organizations; young people's organizations; faith-based organizations; AIDS service organizations; community-based organizations; organizations of key affected groups (including men who have sex with men, injecting drug users, sex workers, migrants, refugees/displaced populations, prisoners); workers organizations, human rights organizations; etc. For the purpose of the NCPI, the private sector is considered separately.

Comments and examples:

Recognize the civil society but do not value them. MTP2 & 3 well represented civil society programs
Budget for civil society is done. Civil society is included in reports such as Sentinel surveys, DHS, Male circumcision report, drivers of the Epidemic.

4. To what extent is civil society included in the monitoring and evaluation (M&E) of the HIV response?

a. developing the national M&E plan?

Low			High		
0	1	2	3	4	√ 5

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

Low			High		
0	1	2	3	4	√ 5

c. M&E efforts at local level?

Low			High		
0	1	2	3	√ 4	5

Comments and examples:

M&E training at local level, supervision efforts at local level. A lot of gaps identified such as

The National M&E system is not harmonized. NANASO is the current chair of the M&E Committee.

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)?

Low			High		
0	1	2	√ 3	4	5

Comments and examples:

Minority groups such as sex workers & MSM are not well represented. No national functional network for PLWHA. The current network is not recognized as the national network.

6. To what extent is civil society able to access:

a. adequate financial support to implement its HIV activities?

Low					High
0	1	√ 2	3	4	5

b. adequate technical support to implement its HIV activities?

Low					High
0	1	√ 2	3	4	5

Comments and examples:
Biggest challenge is sustainability. Because of the status of Nambia as a middle-high income
Country access from international funding is difficult. Systems are not in place as TA database,
And capacity of civil society is limited

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

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

**ART = Antiretroviral Therapy; OI=Opportunistic infections*
***OVC = Orphans and other vulnerable children*

Overall, how would you rate the efforts to increase *civil society participation* in 2009?											
2009	Very poor										Excellent
	0	1	2	3	4	5	6	7	√8	9	10

Since 2007, what have been key achievements in this area:
Increased involvement with CSO in Community HBC guidelines, male circumcision involved civil society, male conference, OVC from MEGCW involved civil society increased consultancy with civil society

What are remaining challenges in this area:
1. Decentralizing consultations
2. Clear road-map for implementation, 3,Recognition of civil society through resource allocation
4. Civil society should be more actively involved in the development of policies both locally and at

III. PREVENTION

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

Yes√	No

IF YES, how were these specific needs determined?

e.g Take control campaigns. Surveys have been conducted, secondary data analysis and reviews, consultations

IF NO, how are HIV prevention programmes being scaled-up?

1.1 To what extent has HIV prevention been implemented?

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

* IEC = information, education, communication

Overall, how would you rate the efforts in the *implementation* of HIV prevention programmes in 2009?											
2009	Very poor										Excellent
	0	1	2	3	4	5	6	7	√8	9	10

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

National HIV plan for implementation and monitoring . Excellent mid term review

What are remaining challenges in this area:

Language
Very limited access for men having sex with men and sex workers.
Efforts are there but the resources are limited (financial and in terms of skills)

IV. TREATMENT, CARE AND SUPPORT

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

Yes√	No

IF YES, how were these specific needs determined?

ANC sentinel surveys based on data from health facilities, treatment care and support services were identified.

IF NO, how are HIV treatment, care and support services being scaled-up?

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

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

Cotrimoxazole prophylaxis in HIV-infected people	√Agree	Don't Agree	N/A
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	√Agree	Don't Agree	N/A
HIV treatment services in the workplace or treatment referral systems through the	√Agree	Don't Agree	N/A
HIV care and support in the workplace (including alternative working	√Agree	Don't Agree	N/A
Other programmes: *[write in]*	Agree	Don't Agree	N/A

Overall, how would you rate the efforts in the *implementation* of HIV treatment, care and support programmes in 2009?										
2009	Very poor									Excellent
	0	1	2	3	4	5	6	7	8	√9	10

Since 2007, what have been key achievements in this area:
Free availability and access of treatment and care
Decentralisation of care and support services

What are remaining challenges in this area:
Limited access to HIV care and support and treatment in the workplace
Community based approach to ARV treatment in terms of distance to facilities and doctors
Food security and nutrition.

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

Yes√	No	N/A

2.1 ***IF YES***, is there an operational definition for orphans and vulnerable children in the country?

Yes√	No

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

Yes√	No

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

Yes√	No

IF YES, what percentage of orphans and vulnerable children is being reached? 60% *[write in]*

Overall, how would you rate the efforts to *meet the HIV-related needs* of orphans and other vulnerable children in 2009?											
2009	Very poor										Excellent
	0	1	2	3	4	5	6	7	√8	9	10

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

Formulation of policy and registration of OVCs

What are remaining challenges in this area:
Outsource services to NGO to improve implementation
Review existing policies