

Mauritania Report NCPI

NCPI Header

COUNTRY

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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Describe the process used for NCPI data gathering and validation:

Reunion de présentation des directives du rapport avec toutes les parties prenantes, ensuite l'identification des indicateurs retenus, la répartition des tâches entre les différentes structures, réunions intermédiaires pour les difficultés rencontrées, une réunion pour la validation des données collectées et enfin, il y'a eu un atelier de deux jours pour l'intégration des données dans le système.

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

Absence de données et celles disponibles sont insuffisante et non récentes.

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

Il n'y a pas eu de diverges, les données sont retenues de façon consentuelle sur la base des rapports et enquêtes.

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

| Organization | Names/Positions | A.I | A.II | A.III | A.IV | A.V | A.VI |
|--------------|------------------------------------|-----|------|-------|------|-----|------|
| SENL | Dr Ba/ Sec Exécutive Nationale | Yes | Yes | No | No | No | No |
| SENL | Dr Idoumou/ Suivi évaluation | Yes | No | No | No | No | Yes |
| SENL | Waranka Bâ/ Resp OSC et Sec Privée | No | Yes | Yes | Yes | No | No |
| SENL | Mohamed BODDE/ Resp Sec Public | Yes | Yes | Yes | Yes | Yes | No |
| MS | Dr Barikala/CTA | No | No | No | No | Yes | No |
| MS | Dr Niang/DLM | Yes | Yes | No | No | Yes | No |
| MS | Dr Zahra/ INRSP | No | No | No | Yes | Yes | Yes |
| MS | Dr Bara/INRSP | No | No | No | Yes | Yes | Yes |
| MEN | Navissa/ Cood Sec | No | Yes | No | Yes | No | No |
| MDN | Dr Colonel Kane/ Cood Sec | No | Yes | No | Yes | No | No |
| SENL | Dr Sira/GAS | No | No | No | No | Yes | No |
| SENL | Mr Med Lemnie Mrezig/manager | Yes | Yes | No | No | No | No |
| SENL | Mr Taleb O./financier | Yes | Yes | No | No | No | Yes |
| CNTS | Dr Med ABDALLAHI BOLLAHI/Directeur | Yes | Yes | No | Yes | No | No |

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

| Organization | Names/Positions | B.I | B.II | B.III | B.IV | B.V |
|--------------|------------------------------|-----|------|-------|------|-----|
| Unicef | Dr Sidi/équipe conjointe | No | Yes | Yes | Yes | Yes |
| INUSIDA | Dr El Hadj/ équipe conjointe | No | Yes | Yes | Yes | Yes |

| | | | | | | |
|--------------|------------------------------|-----|-----|-----|-----|-----|
| OMS | Dr Boubacar/équipe conjointe | No | Yes | Yes | Yes | Yes |
| SOS PE | Aliou DIOP/Président | Yes | Yes | Yes | Yes | Yes |
| UNPFA | M'baye/équipe conjointe | No | Yes | Yes | Yes | Yes |
| CRF | Dr coline KOOG/ GAS | No | No | No | Yes | No |
| CRF | Fanta/Resp Santé | Yes | No | No | Yes | No |
| Espoir & vie | Hussein/Président | Yes | Yes | Yes | Yes | Yes |
| CEMA | Khaled/coord sec Privé | Yes | No | Yes | Yes | No |
| ONUSIDA | Mohamed oud Cheikh/EC | No | Yes | No | Yes | Yes |
| UNFPA | Bocar Mbaye | No | Yes | No | Yes | No |

A - 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

IF YES, what was the period covered:

2011-2015

IF YES, briefly describe key developments/modifications between the current national strategy and the prior one.

IF NO or NOT APPLICABLE, briefly explain why.:

-

1.1 Which government ministries or agencies

Name of government ministries or agencies [write in]:

CNLS

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

SECTORS

Included in Strategy Earmarked Budget

| | |
|-----|-----|
| Yes | Yes |
| Yes | Yes |
| No | No |
| Yes | Yes |
| Yes | No |
| Yes | No |
| Yes | No |

Other [write in]:

Les secteurs qui sont inclus dans la stratégie et qui ont des budget spécifiques, la justice, affaires religieuses

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?:

-

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

Men who have sex with men:

Yes

Migrants/mobile populations:

Yes

Orphans and other vulnerable children:

Yes

People with disabilities:

No

People who inject drugs:

No

Sex workers:

Yes

Transgendered people:

No

Women and girls:

Yes

Young women/young men:

Yes

Other specific vulnerable subpopulations:

Yes

Prisons:

Yes

Schools:

Yes

Workplace:

Yes

Addressing stigma and discrimination:

Yes

Gender empowerment and/or gender equality:

Yes

HIV and poverty:

Yes

Human rights protection:

Yes

Involvement of people living with HIV:

Yes

IF NO, explain how key populations were identified?:

-

1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country [write in]?:

Transporteurs, camionneurs, pecheurs

1.5. Does the multisectoral strategy include an operational plan?: Yes

1.6. 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 implementation?:

Yes

e) A monitoring and evaluation framework?:

No

1.7

1.7. Has the country ensured “full involvement and participation” of civil society in the development of the multisectoral strategy?:

Active involvement

IF ACTIVE INVOLVEMENT, briefly explain how this was organised:

participation dans l'analyse, l'identification et validation des documents

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

Yes

1.9

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

Yes, all partners

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

2.1. IF YES, is support for HIV integrated in the following specific development plans?

Common Country Assessment/UN Development Assistance Framework:

Yes

National Development Plan:

Yes

Poverty Reduction Strategy:

Yes

Sector-wide approach:

Yes

Other [write in]:

-

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

HIV impact alleviation:

-

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

Treatment, care, and support (including social security or other schemes):

N/A

Women's economic empowerment (e.g. access to credit, access to land, training):

No

Other[write in below]:

-

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

No

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

No

5. Has the country followed up on commitments made in the 2011 Political Declaration on HIV/AIDS?:

Yes

5.1. Have the national strategy and national HIV budget been revised accordingly?:

No

5.2. Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?:

Estimates of Current Needs Only

5.3. Is HIV programme coverage being monitored?:

No

5.4. Has the country developed a plan to strengthen health systems?:

Yes

Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications:

Formation des prestataires, renforcements décentralisés pour assurer les services de prévention, de prise en charge, de soutien. Mise en place de système d'approvisionnement et de gestion des intrants au niveau décentralisé. Renforcement en matériel biomédical pour rendre les structures opérationnelles.

6. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate strategy planning efforts in the HIV programmes in 2011?:

8

Since 2009, what have been key achievements in this area:

Elaboration et validation d'un plan stratégique nationale 2011-2015 avec un cadrage financier Elaboration d'un plan d'appui technique Elaboration d'un plan opérationnel bienal budgétisé Elaboration des soumissions aux partenaires :Plan de continuité de service Elaboration d'un plan de développement sanitaire et mise en place d'un pôle national des experts formés sur la planification stratégique

What challenges remain in this area:

Rareté des données, absence de périodicité de la collecte de données. Absence de financement pour la mise en oeuvre de la stratégie.

A - II. POLITICAL SUPPORT AND LEADERSHIP

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

A. Government ministers:

Yes

B. Other high officials at sub-national level:

Yes

1.1

(For example, promised more resources to rectify identified weaknesses in the HIV response, spoke of HIV as a human rights issue in a major domestic/international forum, and such activities as visiting an HIV clinic, etc.):

Yes

Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership:

Les membres du gouvernement parlent publiquement devant les forums nationaux et internationaux et dirigent personnellement des activités de lutte contre le SIDA telque l'elaboration et validation des documents stratégiques, participation des forum aux partenaires sur le VIH/SIDA.

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

Yes

2.1. IF YES, does the national multisectoral HIV coordination body

Have terms of reference?:

Yes

Have active government leadership and participation?:

Yes

Have an official chair person?:

Yes

IF YES, what is his/her name and position title?:

Dr Moulye Ould Mohamed Iagdaf, Premier Ministre

Have a defined membership?:

Yes

IF YES, how many members?:

24

Include civil society representatives?:

Yes

IF YES, how many?:

10

Include people living with HIV?:

Yes

IF YES, how many?:

2

Include the private sector?:

Yes

Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?:

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

IF YES, briefly describe the main achievements:

Comité Nationale de lutte contre le SIDA avec son organe exécutive le secrétariat nationale de lutte contre le VIH/SIDA

What challenges remain in this area:

Instabilité gouvernementale, problème de financement

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

40%

5.

Capacity-building:

Yes

Coordination with other implementing partners:

Yes

Information on priority needs:

Yes

Procurement and distribution of medications or other supplies:

Yes

Technical guidance:

Yes

Other [write in below]:

-

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

Yes

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

Yes

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

Les directives ont été amendé conformément à la lois 042/2007 relative à la protection et aux droits des personnes vivants avec les VIH.

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

Non applicable

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the political support for the HIV programme in 2011?:

6

Since 2009, what have been key achievements in this area:

Augmentation du budget de l'Etat, l'etat a payé des ARVs à la suite de l'arrêt des financements.

What challenges remain in this area:

Le soutien financier demeure faible, le chef de l'Etat ne parle pas souvent du SIDA.

A - III. HUMAN RIGHTS

1.1

People living with HIV:

Yes

Men who have sex with men:

No

Migrants/mobile populations:

Yes

Orphans and other vulnerable children:

Yes

People with disabilities:

Yes

People who inject drugs:

No

Prison inmates:

Yes

Sex workers:

No

Transgendered people:

No

Women and girls:

Yes

Young women/young men:

Yes

Other specific vulnerable subpopulations [write in]:

-

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:

Yes

IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws:

la loi 042/2007 est rélatve à la lutte contre le VIH et sida en générale et contre la stigmatisation des PVVIH.

Briefly explain what mechanisms are in place to ensure these laws are implemented:

les composantes relatives aux droits humains des plans et stratégies de lutte contre le sida permettent la traduction de cette loi dans la pratique des acteurs

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

les aspects relatifs à l'accès aux services et prestations sont mis en oeuvre

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:

Yes

IF YES, for which subpopulations?

People living with HIV:

No

Men who have sex with men:

Yes

Migrants/mobile populations:

No

Orphans and other vulnerable children:

No

People with disabilities:

No

People who inject drugs :

Yes

Prison inmates:

No

Sex workers:

Yes

Transgendered people:

No

Women and girls:

No

Young women/young men:

No

Other specific vulnerable subpopulations [write in below]:

-

Briefly describe the content of these laws, regulations or policies:

-

Briefly comment on how they pose barriers:

-

A - IV. PREVENTION

1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the general population?:

Yes

IF YES, what key messages are explicitly promoted?

Abstain from injecting drugs:

No

Avoid commercial sex:

Yes

Avoid inter-generational sex:

Yes

Be faithful:

Yes

Be sexually abstinent:

Yes

Delay sexual debut:

Yes

Engage in safe(r) sex:

Yes

Fight against violence against women:

Yes

Greater acceptance and involvement of people living with HIV:

Yes

Greater involvement of men in reproductive health programmes:

Yes

Know your HIV status:

Yes

Males to get circumcised under medical supervision:

No

Prevent mother-to-child transmission of HIV:

Yes

Promote greater equality between men and women:

Yes

Reduce the number of sexual partners:

Yes

Use clean needles and syringes:

Yes

Use condoms consistently:

No

Other [write in below]:

-

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

Yes

2. Does the country have a policy or strategy to promote life-skills based HIV education for young people?:

No

2.1. Is HIV education part of the curriculum in

Primary schools?:

Yes

Secondary schools?:

Yes

Teacher training?:

Yes

2.2. Does the strategy include age-appropriate, gender-sensitive sexual and reproductive health elements?:

Yes

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

No

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

No

Briefly describe the content of this policy or strategy:

-

3.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate policy efforts in support of HIV prevention in 2011?:

6

Since 2009, what have been key achievements in this area:

elaboration de la stratégie nationale de PTME; plan d'accélération de la PTME

What challenges remain in this area:

absence de stratégies spécifiques de prévention pour certains groupes

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

Yes

IF YES, how were these specific needs determined?:

-

4.1. To what extent has HIV prevention been implemented?

Blood safety:

Agree

Condom promotion:

Agree

Harm reduction for people who inject drugs:

N/A

HIV prevention for out-of-school young people:

Disagree

HIV prevention in the workplace:

Agree

HIV testing and counseling:

Agree

IEC on risk reduction:

Agree

IEC on stigma and discrimination reduction:

Agree

Prevention of mother-to-child transmission of HIV:

Agree

Prevention for people living with HIV:

Strongly Agree

Reproductive health services including sexually transmitted infections prevention and treatment:

Agree

Risk reduction for intimate partners of key populations:

Agree

Risk reduction for men who have sex with men:

Disagree

Risk reduction for sex workers:

Disagree

School-based HIV education for young people:

Agree

Universal precautions in health care settings:

Agree

Other[write in]:

-

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in implementation of HIV prevention programmes in 2011?:

6

A - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?:

Yes

If YES, Briefly identify the elements and what has been prioritized:

-

Briefly identify how HIV treatment, care and support services are being scaled-up?:

-

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

Antiretroviral therapy:

Agree

ART for TB patients:

Agree

Cotrimoxazole prophylaxis in people living with HIV:

Agree

Early infant diagnosis:

Disagree

HIV care and support in the workplace (including alternative working arrangements):

Agree

HIV testing and counselling for people with TB:

Agree

HIV treatment services in the workplace or treatment referral systems through the workplace:

Agree

Nutritional care:

Neutral

Paediatric AIDS treatment:

Neutral

Post-delivery ART provision to women:

Agree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):

Neutral

Post-exposure prophylaxis for occupational exposures to HIV:

Neutral

Psychosocial support for people living with HIV and their families:

Agree

Sexually transmitted infection management:

Agree

TB infection control in HIV treatment and care facilities:

Agree

TB preventive therapy for people living with HIV:

Agree

TB screening for people living with HIV:

Agree

Treatment of common HIV-related infections:

Agree

Other [write in]:

-

2. Does the government have a policy or strategy in place to provide social and economic support to people infected/affected by HIV?:

Yes

Please clarify which social and economic support is provided:

-

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

No

4. Does the country have access to regional procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy medications, condoms, and substitution medications?:

N/A

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2011?:

6

Since 2009, what have been key achievements in this area:

-

What challenges remain in this area:

-

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

No

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?:

5

Since 2009, what have been key achievements in this area:

-

What challenges remain in this area:

-

A - VI. MONITORING AND EVALUATION

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

In Progress

Briefly describe any challenges in development or implementation:

Un premier draft avait été élaboré par un consultant international, toutefois, le contexte socio-politique et l'insécurité dans le pays n'ont pas permis la poursuite de la l'élaboration du plan national de S&E

Briefly describe what the issues are:

Les principaux problèmes étaient liés à l'harmonisation pour la collecte des données au niveau des structures de prise en charge et la définition d'un circuit clair de collecte de données

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy:

Yes

Behavioural surveys:

No

Evaluation / research studies:

No

HIV Drug resistance surveillance:

No

HIV surveillance:

Yes

Routine programme monitoring:

No

A data analysis strategy:

No

A data dissemination and use strategy:

No

A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate):

Yes

Guidelines on tools for data collection:

Yes

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

In Progress

4. Is there a functional national M&E Unit?:

In Progress

Briefly describe any obstacles:

Le budget et l'unité nationale de S&E sont liés à la signature de la subvention qui doit être alloué pour 2011 à 2013 et qui est en cours de finalisation

4.1. Where is the national M&E Unit based?

In the Ministry of Health?:

No
In the National HIV Commission (or equivalent)?:

Yes

Elsewhere [write in]:

Le Secrétariat Exécutif National de lutte contre le VIH/Sida (SENLS) est l'organe opérationnel du Comité de Lutte contre le VIH/Sida, c'est lui qui a en charge le S&E

Permanent Staff [Add as many as needed]

POSITION [write in position titles in spaces below] Fulltime Part time Since when?

Spécialiste de S&E

x

-

-

Temporary Staff [Add as many as needed]

POSITION [write in position titles in spaces below] Fulltime Part time Since when?

-

-

-

-

4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?:

Yes

Briefly describe the data-sharing mechanisms:

Il s'agit de rapport d'activités mensuels, trimestriels et annuel ainsi que des rapports financiers semestriels et annuels

What are the major challenges in this area:

La mutualisation des données par le SENLS et la remontée des données à temps par les structures concernées

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

No

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

Yes

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

Il s'agit d'une base de données excel gérées par le spécialiste de S&E

6.1. IF YES, does it include information about the content, key populations and geographical coverage of HIV services, as well as their implementing organizations?:

Yes, all of the above

6.2. Is there a functional Health Information System?

At national level:

Yes

At subnational level:

Yes

IF YES, at what level(s)?:

Au niveau des structures de prise en charge il existe un logiciel de base de données SANTIÀ

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

No

8. How are M&E data used?

For programme improvement?:

Yes

In developing / revising the national HIV response?:

Yes

For resource allocation?:

Yes

Other [write in]:

-

Briefly provide specific examples of how M&E data are used, and the main challenges, if any:

Pour le moment le plan national de S&E est en cours d'élaboration et non encore exploité

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

At national level?:

No

At subnational level?:

No

At service delivery level including civil society?:

No

9.1. Were other M&E capacity-building activities conducted` other than training?:

No

10. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the HIV-related monitoring and evaluation (M&E) in 2011?:

-

Since 2009, what have been key achievements in this area:

Le premier draft du pla nationl de S&E

What challenges remain in this area:

La finalisation et l'opérationnalité du plan national de S&E

B - I. CIVIL SOCIETY INVOLVEMENT

1. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?:

3

Comments and examples:

la société civile a été impliquée dans l'élaboration des documents stratégiques: CSLP, PSN etc.

2. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?:

5

Comments and examples:

la société civile a été impliquée dans la planification stratégique dans la mise en oeuvre de quelques activités du programme et a bénéficié des activités geratrices de revenus

3.

a. The national HIV strategy?:

5

b. The national HIV budget?:

4

c. The national HIV reports?:

4

Comments and examples:

-

4.

a. Developing the national M&E plan?:

3

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

:

3

c. Participate in using data for decision-making?:

3

Comments and examples:

-

5. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, and faith-based organizations)?:

4

Comments and examples:

-

6. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society able to access

a. Adequate financial support to implement its HIV activities?:

4

b. Adequate technical support to implement its HIV activities?:

4

Comments and examples:

-

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

People living with HIV:

<25%

Men who have sex with men:

<25%

People who inject drugs:

-

Sex workers:

<25%

Transgendered people:

<25%

Testing and Counselling:

25-50%

Reduction of Stigma and Discrimination:

25-50%

Clinical services (ART/OI)*:

<25%

Home-based care:

<25%

Programmes for OVC:**

25-50%

8. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to increase civil society participation in 2011?:

6

Since 2009, what have been key achievements in this area:

renforcement des capacités de plusieurs organisations de la société civile.

What challenges remain in this area:

faibles capacités de la société civile nationale. financement insuffisant pour la mise en œuvre des activités menées par la société civile

B - II. POLITICAL SUPPORT AND LEADERSHIP

1. Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?:

Yes

IF YES, describe some examples of when and how this has happened:

le gouvernement finance et prend en charge financièrement la participation des PVVIH dans la planification et la mise en œuvre de la politique nationale de lutte contre le Sida. Il finance les activités génératrices de revenu pour ces organisations

B - III. HUMAN RIGHTS

1.1.

People living with HIV:

Yes

Men who have sex with men:

No

Migrants/mobile populations:

No

Orphans and other vulnerable children:

Yes

People with disabilities:

Yes

People who inject drugs:

No

Prison inmates:

No

Sex workers:

No

Transgendered people:

No

Women and girls:

No

Young women/young men:

Yes

Other specific vulnerable subpopulations [write in]:

-

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:

Yes

If YES to Question 1.1 or 1.2, briefly describe the contents of these laws:

Briefly explain what mechanisms are in place to ensure that these laws are implemented:

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

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:

Yes

2.1. IF YES, for which sub-populations?

People living with HIV:
No

Men who have sex with men:
Yes

Migrants/mobile populations:
No

Orphans and other vulnerable children:
No

People with disabilities:
No

People who inject drugs:
Yes

Prison inmates:
No

Sex workers:
Yes

Transgendered people:
Yes

Women and girls:
No

Young women/young men:
No

Other specific vulnerable subpopulations [write in]:
-

Briefly describe the content of these laws, regulations or policies:

Briefly comment on how they pose barriers:

3. Does the country have a policy, law or regulation to reduce violence against women, including for example, victims of sexual assault or women living with HIV?:

Yes

Briefly describe the content of the policy, law or regulation and the populations included:

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

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

6. Does the country have a policy or strategy of free services for the following?

| Provided free-of-charge to all people in the country | Provided free-of-charge to some people in the country | Provided, but only at a cost |
|--|---|------------------------------|
| Yes | No | No |
| Yes | No | No |
| Yes | No | No |

If applicable, which populations have been identified as priority, and for which services?:

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

Yes

7.1. In particular, does the country have a policy or strategy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?:

-
8. Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?:

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

No

- 10. Does the country have the following human rights monitoring and enforcement mechanisms? _____

a. 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:

-

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

-

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

-

- 11. In the last 2 years, have there been the following training and/or capacity-building activities _____

a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)?:

Yes

b. Programmes for members of the judiciary and law enforcement on HIV and human rights issues that may come up in the context of their work?:

Yes

- 12. Are the following legal support services available in the country? _____

a. Legal aid systems for HIV casework:

No

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

No

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

Yes

- IF YES, what types of programmes? _____

Programmes for health care workers:

Yes

Programmes for the media:

Yes

Programmes in the work place:

Yes

Other [write in]:

programmes pour les entreprises

14. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2011?:

6

Since 2009, what have been key achievements in this area:

-

What challenges remain in this area:

-

15. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the effort to implement human rights related policies, laws and regulations in 2011?:

5

Since 2009, what have been key achievements in this area:

-

What challenges remain in this area:

-

B - IV. PREVENTION

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

No

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

Les programmes de prévention sont élaborés par le Secrétariat Exécutif National de Lutte contre le VIH/Sida à travers un renforcement des activités de prévention

1.1 To what extent has HIV prevention been implemented?

Blood safety:
Agree

Condom promotion:
Agree

Harm reduction for people who inject drugs:
Disagree

HIV prevention for out-of-school young people:
N/A

HIV prevention in the workplace:
N/A

HIV testing and counseling:
Agree

IEC on risk reduction:
Agree

IEC on stigma and discrimination reduction:
Agree

Prevention of mother-to-child transmission of HIV:
Agree

Prevention for people living with HIV:
Agree

Reproductive health services including sexually transmitted infections prevention and treatment:
Agree

Risk reduction for intimate partners of key populations:
Agree

Risk reduction for men who have sex with men:
Agree

Risk reduction for sex workers:
Agree

School-based HIV education for young people:
Agree

Universal precautions in health care settings:
Agree

Other [write in]:
-

2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV prevention programmes in 2011?:

7

Since 2009, what have been key achievements in this area:

-

What challenges remain in this area:

-

B - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV and AIDS treatment, care and support services?:

Yes

IF YES, Briefly identify the elements and what has been prioritized:

Suivi biologique, suivi du traitement par ARV des PVVIH, traitement des infections opportunistes, organisation et collecte de prélèvement pour le dosage de la charge virale, gestion des échecs thérapeutiques, distribution des kits alimentaires

Briefly identify how HIV treatment, care and support services are being scaled-up?:

Appui des différents partenaires (financiers et techniques), renforcement des ressources humaines par un personnel qualifié, amélioration et mise en place d'outils de gestion

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

Antiretroviral therapy:
Agree

ART for TB patients:
Agree

Cotrimoxazole prophylaxis in people living with HIV:

Agree

Early infant diagnosis:

Disagree

HIV care and support in the workplace (including alternative working arrangements):

N/A

HIV testing and counselling for people with TB:

Agree

HIV treatment services in the workplace or treatment referral systems through the workplace:

N/A

Nutritional care:

Agree

Paediatric AIDS treatment:

Agree

Post-delivery ART provision to women:

Agree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):

N/A

Post-exposure prophylaxis for occupational exposures to HIV:

Agree

Psychosocial support for people living with HIV and their families:

Agree

Sexually transmitted infection management:

N/A

TB infection control in HIV treatment and care facilities:

Agree

TB preventive therapy for people living with HIV:

N/A

TB screening for people living with HIV:

Agree

Treatment of common HIV-related infections:

Agree

Other [write in]:

-

1.2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2011?:

7

Since 2009, what have been key achievements in this area:

Existence d'un document sur la politique et stratégie nationale de prise en charge (PEC) de PVVIH, existence d'une stratégie nationale de la PTME, existence d'une approche multisectorielle, décentralisation du système de santé

What challenges remain in this area:

Gestion des intrants VIH dans le cadre de la décentralisation de la PEC des PVVIH

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

Yes

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

Yes

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

Yes

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

No

2.4. IF YES, what percentage of orphans and vulnerable children is being reached? :

-

3. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?:

7

Since 2009, what have been key achievements in this area:

Elaboration d'un plan national opérationnel qui prend en compte le soutien aux OEV (orphelins enfants vulnérables)

What challenges remain in this area:

Activités non encore mises en oeuvre

Source URL: <http://aidsreportingtool.unaids.org/133/mauritania-report-ncpi>