

Survey Response Details

Response Information

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Response Details

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- 1) **Country**
Haiti (0)
- 2) **Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:**
Dr Edieu Louissaint
- 3) **E-mail:**
edsan01@yahoo.fr
- 4) **Date of submission:**
Please enter in DD/MM/YYYY format
30/04/2010

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- 5) **Describe the process used for NCPI data gathering and validation:**
Identification et préparation d'une liste d'acteurs à contacter en regard de la liste des personnes contactées au cours du dernier rapport UNGASS, la liste actuelle est certes amplifiée. Contact avec ces personnes, envoi de courrier explicatif avec le formulaire (partie A ou B suivant le cas). support au remplissage des formulaires au besoin et récupération des formulaires remplis aux mains des répondants
- 6) **Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:**
Pour adresser les désaccords on a eu à recourir aux discussions techniques, référence théorique ou pratique dans certains cas (partage d'information).
- 7) **Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):**

On n'a pas eu à interviewer avoir les mêmes personnes pour ce rapport (2010) et on a vu que le niveau de connaissance est différent et les appréciations aussi pour l'antérieur (2008)

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8)

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

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 1	Ministère de la Santé Publique et Population	Dr Joelle Deas, Coordinatrice PNL	A.I, A.III, A.IV

9)

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 2	Ministère de la Santé Publique et Population	Gabriel Thimothé, Directeur Général	A.I, A.II, A.III, A.IV
Respondent 3	Ministère de la Jeunesse, aux Sports et à l'Action Civique	Witchner Orméus, Directeur	A. I, A. II, A. III, A. V
Respondent 4	Ministère à la Condition Féminine et aux Droits de la Femme	Denise Amédée Sylvestre, Directeur	A.I, A.II, A.III
Respondent 5	Ministère des Affaires Sociales et du Travail	Volmy F. Desrameaux, Directeur Planification	A. I, A. II, A. III, A. IV, A. V
Respondent 6	Ministère de l'Education Nationale et de la Formation Professionnelle	Erold Joseph, Directeur	A.I, A.II, A.III
Respondent 7	Université d'Etat d'Haiti	Fritz Deshommes, Vice-Recteur	A. II, A. III
Respondent 8			
Respondent 9	Ministère de la Santé Publique et Population	Claude Suréna, Président Commission Présidentielle Santé post 12-janvier	A. I, A. II, A. III, A. IV, A. V
Respondent 10	Ministère de la Santé Publique et Population	Edieu Louissaint, Responsable Suivi/Evaluation	A.V
Respondent 11			
Respondent 12			
Respondent 13			
Respondent 14			
Respondent 15			
Respondent 16			
Respondent			

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Respondent
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10)

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

	Organization Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 1	PHAP+ Esther B./Presidente	B.I, B.II

11)

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 2	FOSREF	Fritz Moise, Directeur	B.I, B.II, B.III, B.IV
Respondent 3	GHEKIO	Reynold Grandpierre	B. I, B. II, B. III, B. IV
Respondent 4	Croix-Rouge Haitienne	Michaëlle A. Gédéon, Président	
Respondent 5	APROSIFA	Rose-Anne Auguste	B. I, B. II, B. III, B. IV
Respondent 6	ASON	Saurel Beaujour	
Respondent 7	CARE INTERNATIONAL	Mireille Sylvain	B. I, B. II, B. III, B. IV
Respondent 8	CECOSIDA	Edner Beaucicault	B.I, B.II, B.III
Respondent 9	COOPERATION CANADIENNE	Martine Bernier	
Respondent 10	COOPERATION FRANCAISE	Jean-Francois Schemann	B.I, B.II, B.III, B.IV
Respondent 11	COOPERATION AMERICAINE	Jorge Velasco	
Respondent 12	JILAP	Jan Hansen	B.I, B.II, B.III, B.IV

Respondent 13	INITIATIVE SOCIETE CIVILE	Rosny Desroches	B.I, B.II, B.III, B.IV
Respondent 14	POZ	Mirna EUSTACHE	B.I, B.II, B.III, B.IV
Respondent 15	SECTEUR RELIGIEUX-CATHOLIQUE	Jean Marie Caidor	B.I, B.II, B.III, B.IV
Respondent 16	SECTEUR RELIGIEUX-PROTESTANTE	Elie Nicolas	B.I, B.II, B.III, B.IV
Respondent 17	SECTEUR RELIGIEUX-VODOUISANT	Mirlène Joanis	B.I, B.II, B.III, B.IV
Respondent 18	SOFA	Carole Jacob	B.I, B.II, B.III, B.IV
Respondent 19	UNIVERSITE NOTRE DAME	Jean Hugues Henrys	
Respondent 20	MHDR	Strauss Vedrine	B.I, B.II, B.III, B.IV
Respondent 21	INDEPENDANT	Daniel HENRYS	B.I, B.II, B.III, B.IV
Respondent 22	FHI	Max Lelio Joseph	B.III
Respondent 23	SYSTEME DES NATIONS UNIES	Ernesto Guerrero, Coordonnateur ONUSIDA en Haïti	B.III, B.IV
Respondent 24	SYSTEME DES NATIONS UNIES	Tania Patriota, Représentante UNFPA	B.I, B.III
Respondent 25	SYSTEME DES NATIONS UNIES	Kathy Mangonès Représante UNIFEM	B.II, B.III

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12)

Part A, Section I: STRATEGIC PLAN**1. Has the country developed a national multisectoral strategy to respond to HIV?**

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

Yes (0)**Page 7**13) **Part A, Section I: STRATEGIC PLAN****Question 1 (continued)****Period covered:**

2008-2012

14)

1.1 How long has the country had a multisectoral strategy?

Number of Years

8

15)

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

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

Page 8**16) Part A, Section I: STRATEGIC PLAN****Question 1.2 (continued)****If "Other" sectors are included, please specify:**

Enfants

17)

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?

Financement des activités ponctuelles appuyées par certains partenaires

Page 9

18)

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

Target populations	
a. Women and girls	Yes
b. Young women/young men	Yes
c. Injecting drug users	No
d. Men who have sex with men	Yes
e. Sex workers	Yes
f. Orphans and other vulnerable children	Yes
g. Other specific vulnerable subpopulations*	No
Settings	

h. Workplace	Yes
i. Schools	Yes
j. Prisons	Yes
Cross-cutting issues	
k. HIV and poverty	Yes
l. Human rights protection	Yes
m. Involvement of people living with HIV	Yes
n. Addressing stigma and discrimination	Yes
o. Gender empowerment and/or gender equality	Yes

19)

1.4 Were target populations identified through a needs assessment?

No (0)

Page 10

20)

IF NO, explain how were target populations identified?

Utilisation des données du recensement de la population et de l'Habitat en 2003 enquêtes ad hoc par groupe spécifique

Page 11

21)

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

Aucun groupe n'est spécifiquement recensé aux fins des programmes de lutte contre le VIH; par contre les estimations établies par l'Institut Haïtien de Statistique et d'Informatique (Population générale et les différents sous groupe) et certains intervenants comme FOSREF (TS), POZ (HSH, etc) sont utilisées.

22)

1.6 Does the multisectoral strategy include an operational plan?

Yes (0)

23)

1.7 Does the multisectoral strategy or operational plan include:

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

24)

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

Moderate involvement (0)

Page 12

25)

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

D'une part, la perception encore médicalisée de la lutte contre le SIDA prédomine dans la société, ce qui contribue à expliquer la participation encore relativement timide de la société civile, qui d'ailleurs n'est pas très organisée. D'autre part, l'absence d'une CNLS formelle ne facilite pas une implication active des différents secteurs de la société dans la lutte contre le SIDA.

26)

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

Yes (0)

27)

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

Yes, some partners (0)

Page 13

28)

Part A, Section I: STRATEGIC PLAN

Question 1.10 (continued)

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

Surtout les aspects non santé comme l'éducation et l'emploi.

Page 14

29)

Part A, Section I: STRATEGIC PLAN

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

Yes (0)

Page 15

30)

Part A, Section I: STRATEGIC PLAN

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

a. National Development Plan	Yes
b. Common Country Assessment / UN Development Assistance Framework	Yes
c. Poverty Reduction Strategy	Yes
d. Sector-wide approach	No
e. Autres: insérer	

31)

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

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

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32)

Part A, Section I: STRATEGIC PLAN

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

No (0)

Page 17

33)

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

No (0)

Page 19

34)

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

No (0)

Page 21

35)

Part A, Section I: STRATEGIC PLAN

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

No (0)

Page 23

36)

Part A, Section I: STRATEGIC PLAN

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

Yes (0)

Page 24

37)

Part A, Section I: STRATEGIC PLAN

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

No (0)

38)

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

Yes (0)

Page 25

39)

Part A, Section I: STRATEGIC PLAN

7.3 Are there reliable estimates of current needs and of future needs of the number of

adults and children requiring antiretroviral therapy?

Estimates of current and future needs (0)

40)

7.4 Is HIV programme coverage being monitored?

Yes (0)

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41)

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

Yes (0)

42)

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

Yes (0)

Page 27

43)

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

Femmes enceintes Adultes Enfants

44)

Briefly explain how this information is used:

Pour la planification des besoins en PTME et la prise en charge des enfants exposés ou infectés.
Egalement pour la planification des besoins en ARV.

Page 28**45) Part A, Section I: STRATEGIC PLAN****Question 7.4 (continued)****(c) Is coverage monitored by geographical area?**

No (0)

Page 29

46)

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

No (0)

Page 30

47)

Part A, Section I: STRATEGIC PLAN

Question 7.5 (continued)

Overall, how would you rate strategy planning efforts in the HIV programmes in 2009?

6 (6)

48)

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

Implication des PVVIH au niveau décisionnel Implication de 3 ministères sectoriels et de la Société Civile

49)

What are remaining challenges in this area:

Opérationnalisation limitée de la multisectorialité Non-attribution d'une ligne budgétaire au programme national dans le budget national

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50)

Part A, Section II: POLITICAL SUPPORT

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

President/Head of government	No
Other high officials	Yes
Other officials in regions and/or districts	Yes

51)

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

No (0)

Page 32

52)

Part A, Section II: POLITICAL SUPPORT**Question 2 (continued)****IF NO, briefly explain why not and how AIDS programmes are being managed:**

Le manque de directives de la part du gouvernement joint à des changements fréquents à la tête de la Primature n'ont pas favorisé la création de la CNLS, d'autant que les secteurs concernés de la société civile ont été attentistes vis à vis de création de la dite commission. Cependant la coordination du programme de lutte est assurée par le PNLIS, alors que la Direction Générale du MSPP s'occupe surtout des orientations stratégiques.

Page 34

53)

Part A, Section II: POLITICAL SUPPORT

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

No (0)

Page 35

54)

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

Please enter the rounded percentage (0-100)

0

55)

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

Technical guidance Yes

Procurement and distribution of drugs or other supplies

Coordination with other implementing partners Yes

Capacity-building No

Autres: insérer

56)

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

No (0)

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57)

Part A, Section II: POLITICAL SUPPORT**Question 6.1 (continued)****Overall, how would you rate the political support for the HIV programmes in 2009?**

3 (3)

58)

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

Grande mobilisation sur le mémorial 2009 et appui des politiques à sa réalisation

59)

What are remaining challenges in this area:

Marginalisation des HSH Inexistence de la structure de coordination multisectorielle Manque d'implication de certains secteurs étatiques dans la mise en oeuvre de la Stratégie Nationale

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60)

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

Yes (0)

Page 40

61)

Part A, Section III: PREVENTION**1.1 IF YES, what key messages are explicitly promoted?**

Check for key message explicitly promoted (multiple options allowed)

- a. Be sexually abstinent (0)
- c. Be faithful (0)
- d. Reduce the number of sexual partners (0)
- e. Use condoms consistently (0)
- i. Use clean needles and syringes (0)

- j. Fight against violence against women (0)
- k. Greater acceptance and involvement of people living with HIV (0)
- n. Know your HIV status (0)
- o. Prevent mother-to-child transmission of HIV (0)

62)

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

Yes (0)

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63)

Part A, Section III: PREVENTION

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

Yes (0)

64)

2.1 Is HIV education part of the curriculum in:

primary schools? Yes
 secondary schools? Yes
 teacher training? Yes

65)

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

Yes (0)

66)

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

Yes (0)

67)

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

Yes (0)

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68)

3.1 IF YES, which populations and what elements of HIV prevention do the policy/strategy address?

Check which specific populations and elements are included in the policy/strategy

Targeted information on risk reduction and HIV education	Men having sex with men, Sex workers
Stigma and discrimination reduction	Men having sex with men, Sex workers
Condom promotion	Men having sex with men, Sex workers
HIV testing and counselling	Men having sex with men, Sex workers
Reproductive health, including sexually transmitted infections prevention and treatment	Men having sex with men, Sex workers
Vulnerability reduction (e.g. income generation)	Sex workers
Drug substitution therapy	
Needle & syringe exchange	

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69)

Part A, III. PREVENTION**Question 3.1 (continued)****Overall, how would you rate the policy efforts in support of HIV prevention in 2009?**

7 (7)

70)

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

Cartographie des interventions de CCC Augmentation de la diffusion des messages par les médias
Diffusion de matériels IEC

71)

What are remaining challenges in this area:

Manque de coordination entre les différents acteurs Manque d'interventions de prévention auprès de certains groupes cibles comme les détenus, les hommes et les femmes en uniforme, les clients des professionnels du sexe

Page 45

72)

Part A, III. PREVENTION**4. Has the country identified specific needs for HIV prevention programmes?**

Yes (0)

Page 46

73)

Part A, III. PREVENTION**Question 4 (continued)****IF YES, how were these specific needs determined?**

Au moyen de focus groupes Cartographie des interventions en CCC Enquête ponctuelle sur la satisfaction des besoins

74)

4.1 To what extent has HIV prevention been implemented?

The majority of people in need
have access

HIV prevention component

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

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75)

Part A, III. PREVENTION**Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?**

7 (7)

76)

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

Augmentation des cliniques CDV Elaboration de plan de communication aux niveaux central et départemental Plaidoyer en faveur de la sensibilisation des sous-populations

77)

What are remaining challenges in this area:

Besoins non satisfaits en santé reproductive auprès des jeunes

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78)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

Yes (0)

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79)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1.1 IF YES, does it address barriers for women?

Yes (0)

80)

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

Yes (0)

81)

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

Yes (0)

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82)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

Actualisation de l'offre des services VCT/ARV sur le territoire national Quantification des besoins en ARV

83)

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

The majority of people in need
have access

HIV treatment, care and support service

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

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84)

Part A, Section IV: TREATMENT, CARE AND SUPPORT**3. Does the country have a policy for developing/using generic drugs or parallel importing of drugs for HIV?**

Yes (0)

85)

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

Yes (0)

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86)

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

ARV de deuxième ligne

Page 53

87)

Part A, Section IV: TREATMENT, CARE AND SUPPORT**Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?**

7 (7)

88)

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

Contrôle de qualité des tests par le Laboratoire National de Santé Publique Extension des services de prise en charge

89)

What are remaining challenges in this area:

L'offre de service ARV dans certaines zones enclavées géographiquement

Page 54

90)

Part A, Section IV: TREATMENT, CARE AND SUPPORT**5. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?**

No (0)

Page 57

91)

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

In progress (0)

Page 64

92)

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

No (0)

Page 65

93)

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

A partir surtout des besoins des bailleurs.

94)

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

Yes (0)

Page 66

95)

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

in the National AIDS Commission (or equivalent)? No
 in the Ministry of Health? Yes
 ailleurs ? (insérer)

96)

Number of permanent staff:

Please enter an integer greater than or equal to 0
 5

97)

Number of temporary staff:

Please enter an integer greater than or equal to 0
 3

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98)

Part A, Section V: MONITORING AND EVALUATION

Question 5.2 (continued)

Please describe the details of all the permanent staff:

	Position	Full time/Part time?	Since when? (please enter the year in yyyy format)
Permanent staff 1	Coordonnateur	Full time	2004
Permanent			

Permanent staff 2	Epidémiologiste	Full time	2000
Permanent staff 3	Statisticien	Full time	2008
Permanent staff 4	Gestionnaire de données	Full time	2005
Permanent staff 5	Gestionnaire de stock des outils de collecte de données du Programme	Full time	2007
Permanent staff 6			
Permanent staff 7			
Permanent staff 8			
Permanent staff 9			
Permanent staff 10			
Permanent staff 11			
Permanent staff 12			
Permanent staff 13			
Permanent staff 14			
Permanent staff 15			

99)

Please describe the details of all the temporary staff:

	Position	Full time/Part time?	Since when? (please enter the year in yyyy format)
Temporary staff 1	Médecin superviseur	Part time	2009
Temporary staff 2	Médecin superviseur	Part time	2009
Temporary staff 3	Médecin superviseur	Part time	2009
Temporary staff 4			
Temporary staff 5			
Temporary staff 6			
Temporary staff 7			
Temporary staff 8			
Temporary staff 9			
Temporary staff 10			
Temporary staff 11			
Temporary staff 12			
Temporary staff 13			
Temporary staff 14			
Temporary staff 15			

Part A, Section V: MONITORING AND EVALUATION

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

No (0)

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101)

What are the major challenges?

Fragmentation du système d'information Manque de moyens logistiques, financiers et de ressources humaines au niveau de l'Unité

Page 70

102)

Part A, Section V: MONITORING AND EVALUATION

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

Yes, but meets irregularly (0)

103)

6.1 Does it include representation from civil society?

Yes (0)

Page 71104) **Part A, Section V: MONITORING AND EVALUATION**

Question 6.1 (continued)

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

A travers les Organisations non gouvernementales nationales. Participation à la validation des directives de M&E

105)

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

Yes (0)

Page 72

106)

Part A, Section V: MONITORING AND EVALUATION

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

Système de reporting de statistiques de services de la majorité des sites VCT et ARV du pays
Unité de Gestion du Projet MSPP/PEPFAR (UGP)

107)

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

Yes, all of the above (0)

Page 73

108)

7.3 Is there a functional* Health Information System?

At national level	Yes
At subnational level	Yes

Page 74

109)

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

Yes (0)

110)

9. To what extent are M&E data used**9.1 in developing / revising the national AIDS strategy?:**

4 (4)

111)

Provide a specific example:

Pour fixer certains cibles dans le plan 20010-2012 nous avons analyser la progression des résultats antérieurs

112)

What are the main challenges, if any?

Non systématisation des outils ou de mécanismes facilitant la prise de décision Manque de continuité dans l'application de certaines décisions

Page 75**113) Part A, Section V: MONITORING AND EVALUATION****9.2 To what extent are M&E data used for resource allocation?**

2 (2)

114)

Provide a specific example:

Faible augmentation de sites (ARVs, VCT) dans le département Nord'ouest en dépit de la couverture faible préexistante et de sa prévalence du SIDA comparativement au niveau national.

115)

What are the main challenges, if any?

les contraintes sont surtout politiques et/ou institutionnelles.

Page 76

116)

Part A, Section V: MONITORING AND EVALUATION**9.3 To what extent are M&E data used for programme improvement?:**

3 (3)

117)

Provide a specific example:

A travers la consultation des dossiers de patients, la mise en place de la Stratégie HIV-QUAL a permis d'identifier certains problèmes de qualité de soins et a proposé des éléments de solutions dont la mise en application a permis l'amélioration de la PTME au niveau de certains sites.

Page 77**118) Part A, Section V: MONITORING AND EVALUATION****10. Is there a plan for increasing human capacity in M&E at national, subnational and service-delivery levels?:**

Yes, but only addressing some levels (0)

Page 78**119) Part A, Section V: MONITORING AND EVALUATION**

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

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

120)

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

At national level?	Yes
At subnational level?	Yes
At service delivery level including civil society?	No

Page 80

121)

Part A, Section V: MONITORING AND EVALUATION

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

Yes (0)

Page 81

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

Question 10.2 (continued)

IF YES, describe what types of activities:

Ateliers de travail sur le renforcement des capacités M&E des niveaux national et infranational en 2008 et grande consultation sur un système intégré de Planification et de Suivi/Evaluation (conception et mise en place) en 2009

Page 82

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

Question 10.2 (continued)

Overall, how would you rate the M&E efforts of the HIV programme in 2009?

5 (5)

124)

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

Formation des cadres Elaboration et publication de bulletin Mise en oeuvre de la stratégie HIVQUAL

125)

What are remaining challenges in this area:

Constitution d'une base de données sur les formations

Page 83

126)

Part B, Section I: HUMAN RIGHTS

1. Does the country have laws and regulations that protect people living with HIV against discrimination? (including both general non-discrimination provisions and provisions that specifically mention HIV, focus on schooling, housing, employment, health care etc.)

No (0)

Page 84

127)

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

No (0)

Page 86

128)

Part B, Section I. HUMAN RIGHTS

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

No (0)

Page 88129) **Part B, Section I. HUMAN RIGHTS**

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

Yes (0)

Page 89

130)

Part B, Section I. HUMAN RIGHTS**Question 4 (continued)**

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

A travers le document "Plan Stratégique National Multisectoriel" 2008-2012 et quelques plans sectoriels y afférents il est fait mention de manière explicite aux principes généraux des droits humains

131)

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

Yes (0)

Page 90

132)

Part B, Section I. HUMAN RIGHTS

Question 5 (continued)

IF YES, briefly describe this mechanism:

il y a l'article 19 de la constitution Haitienne qui en fait référence mais n'est pas bien connu toutefois il y a de Mécanismes non encore formalisés exécutés, implémentés de manière directe au niveau des associations de Personnes Vivant avec le VIH.

133)

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?

No (0)

Page 91

134)

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

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

Page 92

135)

Part B, Section I. HUMAN RIGHTS

Question 7 (continued)

IF YES, given resource constraints, briefly describe what steps are in place to

implement these policies and include information on any restrictions or barriers to access for different populations:

Mobilisation pour l'obtention et le maintien des financements externes Plaidoyer pour l'intégration dans le budget national d'une rubrique pour le VIH.

136)

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

Yes (0)

Page 93

137)

Part B, Section I. HUMAN RIGHTS

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

No (0)

138)

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?

No (0)

Page 95

139)

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

No (0)

140)

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

Yes (0)

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141)

Part B, Section I. HUMAN RIGHTS

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

Yes (0)

142)

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

Le Gouvernement, à travers un décret a mis en place un comité bioéthique avec des représentants de la société mais de représentants formels et connus d'associations de PVVIHs

Page 97

143)

– 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

No (0)

144)

– Focal points within governmental health and other departments to monitor HIV-related human rights abuses and HIV-related discrimination in areas such as housing and employment

No (0)

145)

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

No (0)

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146)

Part B, Section I. HUMAN RIGHTS

13. In the last 2 years, have members of the judiciary (including labour courts/ employment tribunals) been trained/sensitized to HIV and human rights issues that may come up in the context of their work?

No (0)

147)

– Legal aid systems for HIV casework

No (0)

148)

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

No (0)

149)

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

Yes (0)

150)

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

Yes (0)

Page 100

151)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)

IF YES, what types of programmes?

Media	Yes
School education	Yes
Personalities regularly speaking out	Yes
Organisations de PVVIH	Yes

Page 101

152)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)

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

0

153)

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

Un avant-projet de loi écrit avec les PVVIH jamais adopté.

154)

What are remaining challenges in this area:

La Vision globale limitée autour du VIH en termes de droit et de devoir de PVVIH et non en termes de "droits de la personne"; Non respect de l'orientation sexuelle des individus; Manque d'implication du parlement

Page 102

155)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)

Overall, how would you rate the efforts to enforce the existing policies, laws and regulations in 2009?

0

156)

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

Aucune réalisation

157)

What are remaining challenges in this area:

Elaboration des politiques des lois et des règlements pour la protection et la promotion des droits de l'homme eu négard au VIH/SIDA

Page 103

158)

Part B, Section II: CIVIL SOCIETY* PARTICIPATION

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

4 (4)

159)

Comments and examples:

Volonté d'impliquer le plus grand nombre d'acteurs lors de l'élaboration du plan stratégique pour le VIH/SIDA

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160)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

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

4 (4)

Page 105

161)

a. the national AIDS strategy?

4 (4)

162)

b. the national AIDS budget?

1 (1)

163)

c. national AIDS reports?

4 (4)

Page 106

164)

a. developing the national M&E plan?

3 (3)

165)

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

3 (3)

166)

c. M&E efforts at local level?

3 (3)

Page 107

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

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

3 (3)

Page 108

168)

a. adequate financial support to implement its HIV activities?

3 (3)

169)

b. adequate technical support to implement its HIV activities?

4 (4)

Page 109

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

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

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

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171)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

Question 7 (continued)

Overall, how would you rate the efforts to increase civil society participation in 2009?

7 (7)

Page 111

172)

Part B, Section III: PREVENTION

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

Yes (0)

Page 112

173)

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

Mapping Enquêtes

174)

1.1 To what extent has HIV prevention been implemented?

The majority of people in need
have access

HIV prevention component

Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Agree
Condom promotion	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	Don't agree
Risk reduction for men who have sex with men	Don't agree
Risk reduction for sex workers	Don't agree
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	Don't agree
HIV prevention for out-of-school young people	Don't agree
HIV prevention in the workplace	Don't agree
Prévention lors de rituels vodou (pratiques culturelles en Haïti)	Don't agree

Page 113

175)

Part B, Section III: PREVENTION**Question 1.1 (continued)****Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?**

7 (7)

Page 114

176)

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

Yes (0)

Page 115

177)

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

The majority of people in need
have access

HIV treatment, care and support service

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

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178)

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

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

7 (7)

Page 117

179)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

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

No (0)