

Survey Response Details

Response Information

Started: 3/28/2010 1:47:00 AM

Completed: 3/28/2010 4:12:53 AM

Last Edited: 3/29/2010 5:11:16 AM

Total Time: 02:25:52.7500000

User Information

Username: ce_NR

Email:

Response Details

Page 1

1) Country

Nauru (0)

2) Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:

Dr Thant Zin

3) Postal address:

Director of Public Health Department of Public Health Ministry of Health Government of the Republic of Nauru

4) Telephone:

Please include country code

+674 5573072

5) E-mail:

thant.zin@nauru.gov.nr

6) Date of submission:

Please enter in DD/MM/YYYY format

28/03/2010

Page 3

7) Describe the process used for NCPI data gathering and validation:

Two workshops were held; one with government officials, one with CSO representatives

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

Group work to reach consensus External facilitator

9)

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

None

Page 4

10)

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	Department of Public Health, Ministry of Health	Dr Thant Zin Director of Public Health	A.I, A.II, A.III, A.IV, A.V

11)

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 2	Department of Medical Services, Ministry of Health	Dr Alani Tangitau Director of Medical Services	A.I, A.II, A.III, A.IV, A.V
Respondent 3	Department of Medical Services, Ministry of Health,	Gano Mwareow Director of Nursing	A.I, A.II, A.III, A.IV, A.V
Respondent 4	Government of the Republic of Nauru	Hon. Baron Waqa, Member of Parliament and HIV/AIDS Champion	A.I, A.II, A.III, A.IV, A.V
Respondent 5	Ministry of Health	Norman Powell Strategic Health Planner	A.I, A.II, A.III, A.IV, A.V
Respondent 6	Department of Public Health, Ministry of Health	Zinnia Grundler Communicable Disease (HIV) Coordinator	A.I, A.II, A.III, A.IV, A.V
Respondent 7	Department of Youth Affairs, Ministry of Education	Preston Itaia Acting Director of Youth Affairs	A.I, A.II, A.III, A.IV, A.V
Respondent 8	Ministry of Education	Emmaline Caleb Health Promotion in Schools Coordinator	A.I, A.II, A.III, A.IV, A.V
Respondent 9			
Respondent 10			
Respondent 11			
Respondent 12			
Respondent 13			
Respondent 14			
Respondent 15			
Respondent			

- 16 Respondent
- 17 Respondent
- 18 Respondent
- 19 Respondent
- 20 Respondent
- 21 Respondent
- 22 Respondent
- 23 Respondent
- 24 Respondent
- 25 Respondent

12)

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	Nauru National Youth Council	David Dowiyogo	B.I, B.II, B.III

13)

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 2	Nauru Island Association of Non Government Organisations	Julie Olsson	B.I, B.II, B.III
Respondent 3	Nauru Congregation-al Church	Gano Mwareow	B.I, B.II, B.III
Respondent 4	Nauru National Young Women’s Council	Ann Hubert	B.I, B.II, B.III
Respondent 5	Yaren District Community	Angela Agigo	B.I, B.II, B.III
Respondent 6	Yaren District Community	Tristan Kalapu	B.I, B.II, B.III
Respondent 7	Boe District Community	Suzie Scotty	B.I, B.II, B.III
Respondent 8	Boe District Community	Reason Satto	B.I, B.II, B.III
Respondent 9	Denig District	Zarra Adumur	B.I, B.II, B.III
Respondent 10	Baitsi District Community	David Dowiyogo	B.I, B.II, B.III
Respondent			

Respondent 11	Anetan District Community	Pauline Eongen	B.I, B.II, B.III
Respondent 12	Anetan District Community	Poervena Adeago	B.I, B.II, B.III
Respondent 13	Meneng District Community	Sharika Kam	B.I, B.II, B.III
Respondent 14	Meneng District Community	Pelen Jeremiah	B.I, B.II, B.III
Respondent 15	Location Community	George Gioura	B.I, B.II, B.III
Respondent 16			
Respondent 17			
Respondent 18			
Respondent 19			
Respondent 20			
Respondent 21			
Respondent 22			
Respondent 23			
Respondent 24			
Respondent 25			

Page 5

14)

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)

No (0)

Page 615) **Part A, Section I: STRATEGIC PLAN****Question 1 (continued)****IF NO or NOT APPLICABLE, briefly explain why**

There is a draft Department of Health Strategic Plan 2010 – 2015 that covers a multisector approach: includes Health, Education, Women's Affairs and Youth Affairs. Historically there has been an Education Action Plan c.2000 which had an HIV component and covered more than one

sector

Page 14

16)

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

17)

Part A, Section I: STRATEGIC PLAN

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

a. National Development Plan	N/A
b. Common Country Assessment / UN Development Assistance Framework	N/A
c. Poverty Reduction Strategy	N/A
d. Sector-wide approach	N/A
e. Other: National Sustainable Development Strategy 2005 - 2025	Yes

18)

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	No
Antiretroviral treatment	No
Care and support (including social security or other schemes)	No
HIV impact alleviation	No
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
Other: Please specify	

Page 16

19)

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

20)

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

21)

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

22)

Part A, Section I: STRATEGIC PLAN

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

Yes (0)

Page 22

23)

Part A, Section I: STRATEGIC PLAN

6.1 IF YES, for which subpopulations?

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

24)

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

Sexual relations between consenting adult men criminalized in Nauru's Criminal Code (section 211). Discrimination on the basis of sexual orientation is not legislated against (i.e. sexual orientation is not included within a general Right to Equality in the Nauru Constitution). The position of immigrants is vulnerable because of the rules relating to visa and sponsorship and the lack of proper legal provision for permanent residence. Rights of prisoners are also vulnerable because the new 2009 Correctional Service Act is very recent and prisoners' rights to fair access to medical treatment has not been tested.

25)

Briefly comment on how they pose barriers:

Criminalisation of Male homosexuality reflects that there is some social stigma attached to homosexuality and MSM. This stigma has a negative impact upon the openness that is a prerequisite for HIV services to be genuinely accessible to all

Page 23

26)

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?**

No (0)

Page 25

27)

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?**

No (0)

28)

7.4 Is HIV programme coverage being monitored?

Yes (0)

Page 26

29)

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

Yes (0)

30)

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

Yes (0)

Page 27

31)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (b) (continued)

IF YES, for which population groups?

Pregnant women Age cohorts

32)

Briefly explain how this information is used:

To check on progress towards goals To inform planning process for the future

Page 28

33) **Part A, Section I: STRATEGIC PLAN**

Question 7.4 (continued)

(c) Is coverage monitored by geographical area?

Yes (0)

Page 29

34)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (c) (continued)

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

By district (Nauru divided into 14 districts)

35)

Briefly explain how this information is used:

To check on progress towards goals To inform planning process for the future

36)

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

Yes (0)

Page 30

37)

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

3 (3)

38)

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

Department of Health Annual Operation Plans have become more strategic

39)

What are remaining challenges in this area:

Lack of baseline data

Page 31

40)

Part A, Section II: POLITICAL SUPPORT**1. Do high officials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year?**

President/Head of government Yes

Other high officials Yes

Other officials in regions and/or districts Yes

41)

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

42)

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

HIV/AIDS programmes are currently planned, implemented and managed by the Department of Public Health. There is a new Country Coordinating Mechanism body for the new Global Fund programme that started early 2010. Historically there has been an HIV Task Force (c.2000) that included Government and CSO)

Page 34

43)

Part A, Section II: POLITICAL SUPPORT

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

Yes (0)

Page 35

44)

Part A, Section II: POLITICAL SUPPORT

Question 3 (continued)

IF YES, briefly describe the main achievements:

Recently (early 2010) a new Country Coordinating Mechanism was established for the Global Fund programme

45)

Briefly describe the main challenges:

Too early to detail

46)

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)

3

47)

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	No
Technical guidance	No
Procurement and distribution of drugs or other supplies	No
Coordination with other implementing partners	No
Capacity-building	No
Other: Please specify	

48)

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

No (0)

Page 38

49)

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

4 (4)

50)

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

2009 First Member of Parliament appointed HIV/AIDS Champion

Page 39

51)

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

52)

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

Check for key message explicitly promoted (multiple options allowed)

- a. Be sexually abstinent (0)
- b. Delay sexual debut (0)
- c. Be faithful (0)
- d. Reduce the number of sexual partners (0)
- e. Use condoms consistently (0)

- f. Engage in safe(r) sex (0)
- j. Fight against violence against women (0)
- k. Greater acceptance and involvement of people living with HIV (0)
- l. Greater involvement of men in reproductive health programmes (0)
- n. Know your HIV status (0)
- o. Prevent mother-to-child transmission of HIV (0)

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

Rejecting common misperceptions of HIV transmission

54)

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)

Page 41

55)

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)

56)

2.1 Is HIV education part of the curriculum in:

primary schools?	No
secondary schools?	No
teacher training?	No

57)

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

Yes (0)

58)

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

Yes (0)

59)

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

Yes (0)

Page 42

60)

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	Other populations
Stigma and discrimination reduction	Other populations
Condom promotion	Other populations
HIV testing and counselling	Other populations
Reproductive health, including sexually transmitted infections prevention and treatment	Other populations
Vulnerability reduction (e.g. income generation)	
Drug substitution therapy	
Needle & syringe exchange	

Page 43

61) **Part A, III. PREVENTION**

Question 3.1 (continued)

You have checked one or more policy/strategy for "Other populations". Please specify what are "other populations".

Youth Women

Page 44

62)

Part A, III. PREVENTION

Question 3.1 (continued)

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

5 (5)

Page 45

63)

Part A, III. PREVENTION

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

Yes (0)

Page 46

64)

Part A, III. PREVENTION

Question 4 (continued)

IF YES, how were these specific needs determined?

2007 Nauru Demographic Health Survey data HIV Unit (Communicable Diseases, Department of Public Health) and District Primary Health Care Workers participated in risk mapping exercise in 2008

65)

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	N/A
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Agree
Condom promotion	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	N/A
Risk reduction for men who have sex with men	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	Agree
Other: please specify	

Page 47

66)

Part A, III. PREVENTION

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

programmes in 2009?

7 (7)

Page 48

67)

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).

No (0)

Page 49

68)

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

No (0)

Page 50

69)

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

No cases of HIV/AIDS

70)

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	N/A
Nutritional care	N/A
Paediatric AIDS treatment	N/A
Sexually transmitted infection management	N/A
Psychosocial support for people living with HIV and their families	N/A
Home-based care	N/A
Palliative care and treatment of common HIV-related infections	N/A
HIV testing and counselling for TB patients	N/A
TB screening for HIV-infected people	N/A
TB preventive therapy for HIV-infected people	N/A

TB infection control in HIV treatment and care facilities	N/A
Cotrimoxazole prophylaxis in HIV-infected people	N/A
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	N/A
HIV treatment services in the workplace or treatment referral systems through the workplace	N/A
HIV care and support in the workplace (including alternative working arrangements)	N/A
Other: please specify	N/A

Page 51

71)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

No (0)

72)

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

Yes (0)

Page 52

73)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 4 (continued)

IF YES, for which commodities?:

Condom

Page 53

74)

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

Not applicable, No Cure Need

Page 54

75)

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

76)

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

Yes (0)

Page 58

77)

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

2005

78)

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

2025

79)

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

Yes (0)

80)

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

No (0)

81)

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 (0)

Page 60

82)

Part A, Section V: MONITORING AND EVALUATION**2. Does the national Monitoring and Evaluation plan include?**

a data collection strategy	Yes
a well-defined standardised set of indicators	Yes
guidelines on tools for data collection	Yes
a strategy for assessing data quality (i.e., validity, reliability)	No
a data analysis strategy	No
a data dissemination and use strategy	No

Page 61

83)

Part A, Section V: MONITORING AND EVALUATION**Question 2 (continued)**

If you check "YES" indicating the national M&E plan include a data collection strategy, then does this data collection strategy address:

routine programme monitoring	Yes
behavioural surveys	No
HIV surveillance	Yes
Evaluation / research studies	No

84)

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

Yes (0)

Page 62

85)

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

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

10

86)

3.2 IF YES, has full funding been secured?

Yes (0)

87)

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

No (0)

Page 64

88)

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

No (0)

Page 65

89)

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

Unclear how priorities are determined

90)

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

No (0)

Page 66

91)

Part A, Section V: MONITORING AND EVALUATION**Question 5 (continued)****IF NO, what are the main obstacles to establishing a functional M&E Unit?**

- Budgeting priorities do not allow
- There are individual department level M&E units that are not currently coordinated
- Recently a proposal has been put forward for a new Health Information Council to improve data collation and M&E in the health system

Page 70

92)

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?**

No (0)

Page 71

93)

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

No (0)

Page 74

94)

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

No (0)

95)

9. To what extent are M&E data used

9.1 in developing / revising the national AIDS strategy?:

2 (2)

96)

Provide a specific example:

M&E data used to update Department of Health Strategic Plan 2010 - 201

97)

What are the main challenges, if any?

Resource allocation often directly linked to specific programmes/budget lines without any flexibility

Page 75

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

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

2 (2)

99)

Provide a specific example:

Resource allocation often directly linked to specific programmes/budget lines without any flexibility

100)

What are the main challenges, if any?

Lack of flexibility to respond quickly to locally determined/new/emerging needs

Page 76

101)

Part A, Section V: MONITORING AND EVALUATION

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

3 (3)

102)

Provide a specific example:

M&E data used to determine project/programme priorities

103)

What are the main challenges, if any?

Low budget resource

Page 77104) **Part A, Section V: MONITORING AND EVALUATION****10. Is there a plan for increasing human capacity in M&E at national, subnational and service-delivery levels?:**

Yes, at all levels (0)

Page 78

105)

10.1 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

Page 80

106)

Part A, Section V: MONITORING AND EVALUATION**10.2 Were other M&E capacity-building activities conducted other than training?**

Yes (0)

Page 81107) **Part A, Section V: MONITORING AND EVALUATION****Question 10.2 (continued)****IF YES, describe what types of activities:**

Skills transfer from external consultant

Page 82108) **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?

2 (2)

109)

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

M&E has been firmly identified as a need in health sector that is being addressed through the Health Information Council (in draft)

110)

What are remaining challenges in this area:

Human Resource capacity Low budget resource to allocate to M&E

Page 83

111)

Part B, Section I: HUMAN RIGHTS

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

Yes (0)

Page 84

112)

Part B, Section I. HUMAN RIGHTS

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

General non-discrimination provision, no HIV specific provision

113)

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

Yes (0)

Page 85

114)

Part B, Section I. HUMAN RIGHTS**2.1 IF YES, for which subpopulations?**

a. Women	Yes
b. Young people	Yes
c. Injecting drug users	No
d. Men who have sex with men	No
e. SexWorkers	No
f. prison inmates	No
g. Migrants/mobile populations	No
Other: Please specify	

115)

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

Constitution of the Republic of Nauru and judiciary system

116)

Briefly describe the content of these laws:

General non-discrimination provision Briefly comment on the degree to which they are currently implemented:

117)

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

No cases of implementation to date

Page 86

118)

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

Yes (0)

Page 87

119)

Part B, Section I. HUMAN RIGHTS**3.1 IF YES, for which subpopulations?**

a. Women	No
b. Young people	No
c. Injecting drug users	No
d. Men who have sex with men	Yes
e. Sex Workers	Yes
f. prison inmates	No
g. Migrants/mobile populations	No
Other: Please specify	

120)

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

Equal rights of Homosexual men and women not fully recognized under the Constitution of the Republic of Nauru (i.e. sexual orientation is not included within a general Right to Equality in the Nauru Constitution). No right to civil union Sexual relations between consenting adult men criminalized in Nauru's Criminal Code (section 211).

121)

Briefly comment on how they pose barriers:

There is social stigma attached to homosexuality and MSM which means homosexuality not openly practised or discussed – this means there is no equal access to all HIV services

Page 88**122) 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

123)

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

Individuals' right to counseling and consent for HIV testing

124)

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

125)

Part B, Section I. HUMAN RIGHTS**Question 5 (continued)****IF YES, briefly describe this mechanism:**

Mechanism would lie within the Civil Society sector – believed that CSOs would spearhead an equal rights response to discrimination. This has not yet happened to date

126)

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

127)

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 | |

Page 92

128)

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:

Department of Health Annual Operation Plans based on the principle of free medical services for Nauruans. Overall restrictions and barriers that have a disproportionate impact on vulnerable populations include: low staff capacity levels and training, policy restricting referral overseas for medical treatment for over 55 year olds and self inflicted injury

129)

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

130)

Part B, Section I. HUMAN RIGHTS

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

Yes (0)

131)

9. Does the country have a policy to ensure equal access for most-at-risk populations and/or other vulnerable subpopulations to HIV prevention, treatment, care and support?

Yes (0)

Page 94

132)

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

IF YES, briefly describe the content of this policy:

General non-discrimination provision

133)

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?

No (0)

Page 95

134)

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

No (0)

135)

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?

No (0)

Page 97

136)

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

Yes (0)

137)

– **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)

138)

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

No (0)

Page 98

139)

Part B, Section I. HUMAN RIGHTS

Question 12 (continued)

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

Supreme Court the only independent national institution that has a role in protecting human rights

Page 99

140)

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)

141)

– **Legal aid systems for HIV casework**

No (0)

142)

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

No (0)

143)

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

No (0)

144)

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

Yes (0)

Page 100

145)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)

IF YES, what types of programmes?

Media	Yes
School education	No
Personalities regularly speaking out	No
Other: Peer Education programme	Yes

Page 101

146)

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?

1 (1)

147)

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

Since 2007 Random testing without counselling for HIV has not been carried out. Now, all testing is VCCT with full informed consent

148)

What are remaining challenges in this area:

Low public awareness of the issues

Page 102

149)

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?

5 (5)

150)

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

Note: general non-discrimination provision has not been tested to date. No cases of HIV/AIDS

Page 103

151)

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?

0

152)

Comments and examples:

There has been no lobbying of parliament to date

Page 104

153)

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)?

0

154)

Comments and examples:

There is no CSO involvement in planning and budgeting for the Department of Health national strategic plan 2010-2015 (draft)

Page 105

155)

a. the national AIDS strategy?

3 (3)

156)

b. the national AIDS budget?

0

157)

c. national AIDS reports?

0

158)

Comments and examples:

Nauru does not currently have a robust and rigorous CSO sector

Page 106

159)

a. developing the national M&E plan?

0

160)

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

0

161)

c. M&E efforts at local level?

1 (1)

162)

Comments and examples:

For a previous peer educator programme, participants followed Behavioural Change Communication Monitoring guidelines from SPC

Page 107**163) 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)?

1 (1)

164)

Comments and examples:

CSO involvement in HIV efforts are currently neither broad nor diverse

Page 108

165)

a. adequate financial support to implement its HIV activities?

2 (2)

166)

b. adequate technical support to implement its HIV activities?

2 (2)

167)

Comments and examples:

There is currently not a high level of CSO delivery of HIV services

Page 109

168) 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	<25%
Prevention for most-at-risk-populations	
- Injecting drug users	
- Men who have sex with men	
- Sex workers	
Testing and Counselling	<25%
Reduction of Stigma and Discrimination	<25%
Clinical services (ART/OI)*	
Home-based care	
Programmes for OVC**	

Page 110

169)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

Question 7 (continued)

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

1 (1)

170)

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

Collaboration between Nauru National Youth Council (GONGO) and Churches on World AIDS Day 2009. There has been a change in attitude from Government – in 2009 a Member of Parliament has been appointed HIV Champion for the first time

171)

What are remaining challenges in this area:

Further efforts required to bring Churches and their resources on board to work in partnership with other CSOs to fight HIV/AIDS

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?

Risk mapping exercise

174)

1.1 To what extent has HIV prevention been implemented?

The majority of people in need have access

HIV prevention component

Blood safety	Don't 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	Don't agree
Harm reduction for injecting drug users	N/A
Risk reduction for men who have sex with men	Agree
Risk reduction for sex workers	Agree
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	Don't agree
HIV prevention for out-of-school young people	Don't agree
HIV prevention in the workplace	Don't agree
Other: please specify	

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?

2 (2)

176)

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

- There has been greater access to funding from international donors.
- There has been an increase in the number of antenatal HIV screening
- Nauru's first VCCT counselor qualified

177)

What are remaining challenges in this area:

- Chronic lack of transport (vehicles and petrol).
- Human Resource capacity is low, especially in CSO sector.
- Need to overcome poor communication to date of HIV programme nationally –
- Need to address perceived lack of transparency of resource allocation to CSO sector.
- Financial support for community based HIV response – for example, communities have access to small community grants (from Ministry of Health) to tackle non-communicable diseases; would like to see this extended to HIV/AIDS

Page 114

178)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

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

No (0)

Page 115

179)

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

No cases of HIV/AIDS

180)

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

Page 116

181)

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

Not Applicable

Page 117

182)

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?**

N/A (0)

