

## Survey Response Details

### Response Information

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### User Information

**Username:** ce\_SB  
**Email:**

### Response Details

#### Page 1

- 1) **Country**  
Solomon Islands (0)
- 2) **Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:**  
John Gela Solomon Islands National AIDS Council Secretariat
- 3) **Postal address:**  
STI/HIV Department P.O. Box 349 Disease Prevention and Control Unit Ministry of Health and Medical Services Honiara, Solomon Islands
- 4) **Telephone:**  
Please include country code  
(677)28210
- 5) **Fax:**  
Please include country code  
(677)20085
- 6) **E-mail:**  
jgela@moh.gov.sb
- 7) **Date of submission:**  
Please enter in DD/MM/YYYY format  
31/03/2010

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- 8) **Describe the process used for NCPI data gathering and validation:**  
Solomon Islands undertook a participatory process whereby two separate workshops were held to gather information for the NCPI. The first was attended by a range of officials from government ministries and the second, by members of civil society. Additional data gathering and validation was

achieved through in-depth consultations with groups that were unable to attend the group workshops.

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

All issues were discussed in plenary and any discrepancies in viewpoint were deliberated on until consensus was reached.

10)

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

Representation in both workshops was not fully reflective of the stakeholders involved in the country's HIV/AIDS response. While additional data was gathered through bilateral consultations, a broad and transparent debate amongst all stakeholders was somewhat compromised. Some stakeholders involved in the response did not provide input into the NCPI data collection.

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11)

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

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 1	MoH HIV/AIDS Unit	Dr. Nemia Bainivalu/Medical Officer	A.I, A.II, A.III, A.IV, A.V

12)

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 2	MoH Reproductive Health	Judith Seke/Reproductive and Child Health Coordinator	A.I, A.III, A.IV, A.V
Respondent 3	Ministry of Planning and Aid Coordination	Naomi Polahi/ Planning Officer Health	A. I, A. II, A. III, A. IV, A. V
Respondent 4	Ministry of Foreign Affairs	Philip Fafe Moses/ Chief Protocol Officer.	A.I, A.II
Respondent 5	Ministry of Justice, Justice and Correctional Services	Gibson Ado/ Prison Superintendent	A. II, A. III, A. IV
Respondent 6	Ministry of Commerce, Industry and Immigration	Ronald Maeke/ Commissioner of Labour	A.I, A.II, A.V
Respondent 7	MoH STI/HIV Unit	Henry Oti/ Support Project Officer	A. I, A. II, A. III, A. IV, A. V
Respondent 8	Ministry of Education	Gedion Sukumana/ Principle Curriculum Officer	A.I, A.II, A.III
Respondent 9	MoH STI/HIV Unit	Issac Mulloa/ National Coordinator for STI/HIV	A. I, A. II, A. III, A. IV, A. V
Respondent 10	MoH STI/HIV Unit	Hellena Tomasi/ STI/HIV Facilitator	A.I, A.II, A.III, A.IV, A.V
Respondent 11	MoH STI/HIV Unit	Japhet Honiamae/ Clinical and Research Officer	A. I, A. II, A. III, A. IV, A. V

Respondent 12	MoH STI/HIV Unit	Alice Buko/ Community Awareness Advocate	A.I, A.II, A.III, A.IV, A.V
Respondent 13	National Referral Hospital	John Tema/ Principle Pharmacy Officer	A. I, A. II, A. III, A. IV, A. V
Respondent 14	MoH Finance/Accounts Section	Cate Keane/ Finanacial Advisor	A.I, A.II
Respondent 15	MoH/ Finance/Accounts Finance	Clyde Funusui/ Chief Account	A. I, A. II
Respondent 16	SINAC	John Gela/ SINAC Coordinator	A.I, A.II, A.III, A.IV, A.V
Respondent 17	Honiara City Council Health Services	Bethlyn Warereau/ Reproductive Health Coordinator	A. I, A. II, A. III, A. IV, A. V
Respondent 18	MoH TB/Leprosy Division	Noel Itogo/ National TB/Leprosy Coordinator	A.I, A.II, A.III, A.IV, A.V
Respondent 19	National Referral Hospital	James Faniagolo/ Vertical Pharmacy Officer	A. I, A. II, A. III, A. IV, A. V
Respondent 20	MoH Statistical Officer	Baakai Iakobo/ Chief Medical Statistician	A.I, A.IV, A.V
Respondent 21	National Referral Hospital	Elliot./ Serology Laboretory Officer	A. I, A. II, A. III, A. IV, A. V
Respondent 22			
Respondent 23			
Respondent 24			
Respondent 25			

13)

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

	Organization Names/Positions		Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 1	ADRA	Samantha Tei Tei Bob	B.I, B.II, B.III, B.IV

14)

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 2	Save the Children	Kennedy Folasi	B.I, B.II, B.III, B.IV
Respondent 3	Save the Children	Georgia Noy	B. I, B. II, B. III, B. IV
Respondent 4	SIPPA	Ben Angoa	B.I, B.II, B.III, B.IV
Respondent 5	SIPPA	Alfred Ngire	B. I, B. II, B. III, B. IV
Respondent			

Respondent 6	SICA	Paul Fia	B.I, B.II, B.III, B.IV
Respondent 7	Save the Children	Casper Supa	B.I, B. II, B. III, B. IV
Respondent 8	ADRA	Caroline Samantha/Chruch Coodinator	B.I, B.II, B.III, B.IV
Respondent 9	Oxfam International	Julia Fationo/HIV Project Officer	B. I, B. II, B. III, B. IV
Respondent 10	World Vision- Solomon Islands	Lorraine Satorara/ HIV Coordinator	B.I, B.II, B.III, B.IV
Respondent 11	World Vision- Solomon Islands	Jeffery Koti / HIV Programm officer	B. I, B. II, B. III, B. IV
Respondent 12	Church of Melanesia	Thomas Kaloa/ HIV/AIDS Officer	B.I, B.II, B.III, B.IV
Respondent 13	Save the Children	Stephen Walters/HIV Program Manager( Counterpart)	B. I, B. II, B. III, B. IV
Respondent 14	Universal Peace Federation	Alice Hou/ HIV Program Officer	B.I, B.II, B.III
Respondent 15	Save the Children	Kennedy Folas/ Acting HIV Program Manager	B. I, B. II, B. III, B. IV
Respondent 16	World Vision- Solomon Islands	Brett Cowling/ Operations Manager	B.II, B.III, B.IV
Respondent 17	SIPPA	Velda Hiru/ STI/HIV Counsellor and Nurse	B. I, B. II, B. III, B. IV
Respondent 18	UNICEF- Solomon Islands	Stephen Maitani/ HIV Program officer	B.I, B.II, B.III, B.IV
Respondent 19	UNICEF	Roy Bowen/ Chief of Field officer	B. II, B. III, B. IV
Respondent 20	WHO	Dr. William Adu Krow/ Chief Liaison	B.III, B.IV
Respondent 21	UNFPA	Cyrilla Galo	B. III
Respondent 22			
Respondent 23			
Respondent 24			
Respondent 25			

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15)

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

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

**Yes (0)**

**Page 7****16) Part A, Section I: STRATEGIC PLAN****Question 1 (continued)****Period covered:**

2005-2010

17)

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

5

18)

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

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

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19)

**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?**

Funding is made to the stakeholders i.e Ministry of Health and CSOs, who work with and support these sectors/organisations to ensure that HIV-specific activities are carried out in their sectors.

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20)

**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	Yes
d. Men who have sex with men	Yes
e. Sex workers	Yes
f. Orphans and other vulnerable children	No
g. Other specific vulnerable subpopulations*	Yes

**Settings**

h. Workplace	Yes
i. Schools	Yes
j. Prisons	No

**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

21)

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

Yes (0)

**Page 10**

22)

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

Please enter the year in yyyy format

2004

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23)

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

Youth, adolescents, women, MSM, commercials and transactional sex workers, loggers, seafarers, prisoners, antenatal mothers

24)

**1.6 Does the multisectoral strategy include an operational plan?**

Yes (0)

25)

**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 |

26)

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

Active involvement (0)

**Page 12**

27)

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

**Question 1.8 (continued)**

**IF active involvement, briefly explain how this was organised:**

Workshops, meetings, circulation of drafts, review of drafts, consultation meetings

28)

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

Yes (0)

29)

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

Yes, all partners (0)

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30)

**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)

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31)

**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	No
c. Poverty Reduction Strategy	No
d. Sector-wide approach	No
e. Other: Please specify	

32)

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

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

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33)

**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**

34)

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

Yes (0)

**Page 18**

35)

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



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

Behavioural change communication	Yes
Condom provision	Yes
HIV testing and counselling	Yes
Sexually transmitted infection services	Yes
Antiretroviral treatment	No
Care and support	No
Other: Please specify	

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36)

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

**Question 4.1 (continued)**

**If HIV testing and counselling *is provided* to uniformed services, briefly describe the approach taken to HIV testing and counselling (e.g, indicate if HIV testing is voluntary or mandatory etc):**

The RSIPF has a trained VCCT counselor on site and VCCT is provided.

37)

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

No (0)

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38)

**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)

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39)

**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	Yes
f. Prison inmates	No
g. Migrants/mobile populations	No
Other: Please specify	No

40)

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

Soliciting of sex for commercial purposes is illegal in the country

41)

**Briefly comment on how they pose barriers:**

Due to the law prohibiting commercial sex work it has made accessing these subpopulations and the provision of these subpopulations with HIV prevention, treatment, care and support difficult.

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42)

**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

43)

**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 needs only (0)

44)

**7.4 Is HIV programme coverage being monitored?**

Yes (0)

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45)

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

**Question 7.4 (continued)****(a) IF YES, is coverage monitored by sex (male, female)?**

No (0)

46)

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

Yes (0)

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47)

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

Antenatal pilot sites, general population

48)

**Briefly explain how this information is used:**

The information is used for regular reporting and program planning in the Ministry of Health. Some information is provided to regional/multilateral agencies to determine needs, i.e., consumables and drugs

**Page 28**49) **Part A, Section I: STRATEGIC PLAN****Question 7.4 (continued)****(c) Is coverage monitored by geographical area?**

Yes (0)

**Page 29**

50)

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

Provincial, wards, zones

51)

**Briefly explain how this information is used:**

Data is used to determine areas of need for program planning

52)

**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**

53)

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

**Question 7.5 (continued)**

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

5 (5)

54)

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

Establishment of VCCT sites, treatment protocols and VCCT policies

55)

**What are remaining challenges in this area:**

Finance, capacity building, M&E, HIV database development, documentation, legislation & HIV policies

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56)

**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

57)

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

Yes (0)

**Page 32**

58)

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

Please enter the year in yyyy format

2006

59)

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

Name	Honorable Clay Forau
Position/title	Minister for Health and Medical Services

60)

**2.3 IF YES, does the national multisectoral AIDS coordination body:**

have terms of reference?	Yes
have active government leadership and participation?	Yes
have a defined membership?	Yes
include civil society representatives?	Yes
include people living with HIV?	Yes
include the private sector?	No
have an action plan?	Yes
have a functional Secretariat?	Yes
meet at least quarterly?	Yes
review actions on policy decisions regularly?	Yes
actively promote policy decisions?	Yes
provide opportunity for civil society to influence decision-making?	Yes
strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?	Yes

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61)

**Part A, Section II: POLITICAL SUPPORT**

**Question 2.3 (continued)**

**If you answer "yes" to the question "does the National multisectoral AIDS coordination body have a defined membership", how many members?**

Please enter an integer greater than or equal to 1

14

62)

**If you answer "yes" to the question "does the National multisectoral AIDS coordination body include civil society representatives", how many?**

Please enter an integer greater than or equal to 1

6

63)

**If you answer "yes" to the question "does the National multisectoral AIDS coordination body include people living with HIV", how many?**

Please enter an integer greater than or equal to 1

1

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64)

**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)

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65)

**Part A, Section II: POLITICAL SUPPORT**

**Question 3 (continued)**

**IF YES, briefly describe the main achievements:**

Networking among partners, Increase in stakeholders among civil society society, regular quarterly meetings.

66)

**Briefly describe the main challenges:**

Financial constraints, need for capacity building, commitments & reporting

67)

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

Information on priority needs	Yes
Technical guidance	Yes
Procurement and distribution of drugs or other supplies	Yes
Coordination with other implementing partners	Yes
Capacity-building	Yes
Other: Please specify	

68)

**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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69)

**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)

70)

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

continuous partnership with the government and donors

71)

**What are remaining challenges in this area:**

Political advocacy weak, financial support

**Page 39**

72)

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

Yes (0)

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73)

**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)
- g. Avoid commercial sex (0)
- h. Abstain from injecting drugs (0)
- i. Use clean needles and syringes (0)
- j. Fight against violence against women (0)
- k. Greater acceptance and involvement of people living with HIV (0)
- l. Greater involvement of men in reproductive health programmes (0)
- m. Males to get circumcised under medical supervision (0)
- n. Know your HIV status (0)
- o. Prevent mother-to-child transmission of HIV (0)

74)

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

No (0)

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75)

**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)

76)

**2.1 Is HIV education part of the curriculum in:**

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

77)

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

Yes (0)

78)



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

No (0)

79)

**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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80)

**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	
Condom promotion	Men having sex with men, Sex workers
HIV testing and counselling	Men having sex with men, Sex workers, Prison inmates
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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81)

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

4 (4)

82)

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

New IEC materials developed, developed new policies, strategies and sourced funds

83)

**What are remaining challenges in this area:**

New IEC materials developed, developed new policies, strategies and sourcing of funds

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84)

**Part A, III. PREVENTION**

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

Yes (0)

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85)

**Part A, III. PREVENTION**

**Question 4 (continued)**

**IF YES, how were these specific needs determined?**

testing, awareness raising, 'innovative' programs such as "t-shirt for a test"

86)

**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	N/A
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
Other: please specify	

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87)

**Part A, III. PREVENTION**

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

6 (6)

88)

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

- Involvement of churches eg.SSEC, Catholic, Church of Melanesia • Implementation of PMTCT • Coverage of preventative messages and coordination of stakeholders in delivering the information

89)

**What are remaining challenges in this area:**

No review of IEC Materials, new designs, capacity building, difficulty of assessing of IEC material impact. Testing is low compared to target levels. Access to testing facilities. Financial support to prevention activities. Cultural barriers/differences. Human resources and infrastructure capacity.

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90)

**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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91)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT**

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

No (0)

92)

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

No (0)

93)

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

Yes (0)

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94)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT****Question 2 (continued)****IF YES, how were these determined?**

-Antenatal testing and contact tracing -follow up and monitoring of participants

95)

**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	N/A
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Agree
Home-based care	N/A
Palliative care and treatment of common HIV-related infections	Agree
HIV testing and counselling for TB patients	Don't agree
TB screening for HIV-infected people	Don't agree
TB preventive therapy for HIV-infected people	N/A
TB infection control in HIV treatment and care facilities	N/A
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Don't 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
Other: please specify	

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96)

**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)

97)

**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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98)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT**

**Question 4 (continued)**

**IF YES, for which commodities?:**

ARVs and condoms

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99)

**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?**

8 (8)

100)

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

Formation of the HIV Core care team, ARV Supply sourced, expanding VCCT, increase condom distribution with Stakeholders, Training in STI case Management, PMTCT policy development and services to provinces

101)

**What are remaining challenges in this area:**

Periodic shortages of condoms, slow progress TB/HIV guidelines policy, consistent and regular periodic supply of ARV drugs, geographical settings, expanding of services to deal with the home based care, on-site testing with RDT, patient monitoring, lack of database, workplace policy/legislation development, finalizing of treatment guideline.

**Page 54**

102)

**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**

103)

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

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

Yes (0)

**Page 58**

104)

**1.1 IF YES, years covered:**

**Please enter the start year in yyyy format below**

2005

105)

**1.1 IF YES, years covered:**

**Please enter the end year in yyyy format below**

2010

106)

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

Yes (0)

107)

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

Yes (0)

108)

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

Yes, most partners (0)

**Page 60**

109)

**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)	Yes
a data analysis strategy	Yes
a data dissemination and use strategy	Yes

**Page 61**

110)

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

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

routine programme monitoring	Yes
behavioural surveys	Yes
HIV surveillance	Yes
Evaluation / research studies	Yes

111)

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

Yes (0)

**Page 62**

112)

**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".

5

113)

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

Yes (0)

114)

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

Yes (0)

**Page 64**

115)

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

No (0)

**Page 65**

116)

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

The M&E priorities were determined in the consultations and meetings in the formulation of the Multisectorial Plan

117)

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

No (0)

**Page 66**

118)

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

**Question 5 (continued)**

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

human resource capacity, size of HIV unit

**Page 69**

119)

**What are the major challenges?**

The major challenges are the recruitment of technical staff for M&E, finance to support an M&E system and infrastructure.

**Page 70**

120)

**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)

121)

**6.1 Does it include representation from civil society?**

No (0)

**Page 71**



122)

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

Yes (0)

**Page 72**

123)

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

The national database is within the Ministry of Health and Medical Services' STI/HIV unit and it is managed by officers in the unit. This involves collection, analysing and distribution of data to relevant heads for planning and budgeting of program activities.

124)

**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, but only some of the above (0)

**Page 73****125) Part A, Section V: MONITORING AND EVALUATION**

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

the content of the HIV services (0)  
geographical coverage of HIV services (0)

126)

**7.3 Is there a functional\* Health Information System?**

At national level Yes  
At subnational level Yes

**Page 74****127) Part A, Section V: MONITORING AND EVALUATION**

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

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

provincial hospitals, area health centres, rural health clinics, aidposts

128)

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

No (0)

129)

**9. To what extent are M&E data used**

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

0

130)

**Provide a specific example:**

Strategy has not been revised since 2005

131)

**What are the main challenges, if any?**

Getting the relevant to be inputted into the review process of the National AIDS strategy

**Page 75**

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

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

1 (1)

133)

**Provide a specific example:**

The HIV unit has allocated funds to VCCT services and the expansion of the services to other areas in the most recent budget submissions. This is to increase availability of testing to people and also for the training of counsellors.

134)

**What are the main challenges, if any?**

Delay of reports from provincial, sentinel testing sites and coordinators. Follow-up process to obtain reports is difficult. Lack of capacity and manpower to collect data. High turnover of staff at all levels. No database for range indicators, variables to collect.

**Page 76**

135)

**Part A, Section V: MONITORING AND EVALUATION****9.3 To what extent are M&E data used for programme improvement?:****3 (3)**

136)

**Provide a specific example:**

Addressing bottlenecks in supply of drugs for STIs. Nurses approval for prescribing certain STI drugs and accessibility and availability of drugs on site. Improvement of data collection tools and transfer of data to national level. Precursor for HIV/STI Treatment guidelines and training.

137)

**What are the main challenges, if any?**

Availability of other relevant data. Funding availability. Human resource, logistic and infrastructure is lacking availability. Lack of capacity in knowledge, monitoring, mentoring.

**Page 77****138) 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**

139)

**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**

140)

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

Yes (0)

**Page 81****141) Part A, Section V: MONITORING AND EVALUATION**

**Question 10.2 (continued)****IF YES, describe what types of activities:**

Workshop on procedures for reporting process in the Ministry of health.

**Page 82****142) 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?**

4 (4)

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

Consistent supply of data to national, regional, international partners.

**144)****What are remaining challenges in this area:**

Building capacity of staff for analysis and evaluation of data. Funding for monitoring and evaluation.

**Page 83****145)****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****146)**

**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**

147)

**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**

148)

**Part B, Section I. HUMAN RIGHTS**

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

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

149)

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

It is illegal to be a sex worker in Solomon Islands

150)

**Briefly comment on how they pose barriers:**

Considering it is illegal to participate in commercial sex work it is difficult to identify the subpopulations and to provide information to them and the provision of prevention, treatment, support and care.

**Page 88**151) **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**

152)

**Part B, Section I. HUMAN RIGHTS**

**Question 4 (continued)**

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

There are clear result areas in the Strategic Plan

153)

**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?**

No (0)

**Page 90**

154)

**6. Has the Government, through political and financial support, involved people living with HIV, most-at-risk populations and/or other vulnerable subpopulations in governmental HIV-policy design and programme implementation?**

Yes (0)

**Page 91**

155)

**Part B, Section I. HUMAN RIGHTS**

**Question 6 (continued)**

**IF YES, describe some examples:**

There is some involvement, but not enough. Examples include input into high level speeches and involvement in high profile organizations, but could do more.

156)

**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**

157)

**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:**

There are cultural, political and religious barriers that restrict implementation and further development of the services, particularly to vulnerable populations. Logistics are an enormous challenge to service delivery, as well as ongoing financial constraints.

158)

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

No (0)

Page 93

159)

**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

160)

**Part B, Section I. HUMAN RIGHTS**

**Question 9 (continued)**

**IF YES, briefly describe the content of this policy:**

The content of the policy encompasses in its strategic approach the reduction of risk behaviour of prevention and advocacy based Gender based approach in youth including children, women and men.

161)

**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

162)

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

No (0)

163)

**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**

164)

**– 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)

165)

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

Yes (0)

166)

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

No (0)

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167)

**Part B, Section I. HUMAN RIGHTS****Question 12 (continued)**

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

With regards to housing and health the personelle from the Ministry of Health STI/HIV unit act as advocates with those from the civil society.

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168)

**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)

169)

– **Legal aid systems for HIV casework**

Yes (0)

170)

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

No (0)

171)

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

Yes (0)

172)

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

Yes (0)

**Page 100**

173)

**Part B, Section I. HUMAN RIGHTS**

**Question 15 (continued)**

**IF YES, what types of programmes?**

Media	Yes
School education	Yes
Personalities regularly speaking out	No
Other: please specify	

**Page 101**

174)

**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)

175)

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

Donors priorities have been aligned with country's policies and strategies

176)

**What are remaining challenges in this area:**

Need more resources, more comprehensive research, more commitment, and more political leadership.

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177)

**Part B, Section I. HUMAN RIGHTS****Question 15 (continued)**

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

7 (7)

178)

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

The development for the process to have a legislation on HIV

179)

**What are remaining challenges in this area:**

Significant challenges remain in laws protecting against stigma and discrimination, and in preventing intentional transmission

**Page 103**

180)

**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?**

2 (2)

181)

**Comments and examples:**

Civil society consistently contribute to developing conceptual and substantive approaches to the response. Oxfam hosted a successful breakfast with leaders.

**Page 104**

182)

**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)

183)

**Comments and examples:**

Civil society had an active role in the development of the NSP. CSOs also contribute to the Country Annual Action Plan, as well as identifying gaps in program response, and regularly participating in HIV Stakeholders meetings.

**Page 105**

184)

**a. the national AIDS strategy?**

4 (4)

185)

**b. the national AIDS budget?**

4 (4)

186)

**c. national AIDS reports?**

4 (4)

187)

**Comments and examples:**

CSOs have been able to raise issues on reporting and that the reports have not been disseminated. There has been the provision of resource people to the national response but budgets have not been taken into account to support these officers and their organisations, hence CSOs have been able to validate the need for further funding. And lastly CSOs have a strong contribution through stakeholder groups to bring awareness on the contribution that CSOs have in the national response.

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188)

**a. developing the national M&E plan?**

4 (4)

189)

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

2 (2)

190)

**c. M&E efforts at local level?**

4 (4)

191)

**Comments and examples:**

CSOs were involved in the development of the National Strategic Plan, which includes the M&E framework.

**Page 107**

192) **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)

193)

**Comments and examples:**

Faith-based organizations are strongly represented, as are other sectoral groups. There have been attempts to develop a network of HIV+ people.

**Page 108**

194)

**a. adequate financial support to implement its HIV activities?**

2 (2)

195)

**b. adequate technical support to implement its HIV activities?**

2 (2)

196)

**Comments and examples:**

SI did not win successive rounds of Global Fund support. Civil society can implement small projects, but not a comprehensive HIV program. Expertise is available, but it has been underutilized.

**Page 109****197) 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	51-75%
<b>Prevention for most-at-risk-populations</b>	
- Injecting drug users	<25%
- Men who have sex with men	<25%
- Sex workers	<25%
Testing and Counselling	<25%
Reduction of Stigma and Discrimination	>75%
Clinical services (ART/OI) *	<25%
Home-based care	<25%
Programmes for OVC* *	<25%

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198)

**Part B, Section II. CIVIL SOCIETY PARTICIPATION****Question 7 (continued)**

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

8 (8)

199)

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

Participation in mass events, i.e., World AIDS Day. CSOs feel a sense of ownership now.

200)

**What are remaining challenges in this area:**

Challenges remain in getting government actively involved in the programs CSOs undertake. Also, challenges remain in getting substantively involved in policy development.

**Page 111**

201)

**Part B, Section III: PREVENTION**

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

Yes (0)

**Page 112**

202)

**Part B, Section III: PREVENTION**

**Question 1 (continued)**

**IF YES, how were these specific needs determined?**

The SGS survey, as well as some NGOs consultative and project work have informed the operational needs. One NGO has undertaken a gap mapping exercise and the report was widely disseminated.

203)

**1.1 To what extent has HIV prevention been implemented?**

<b>The majority of people in need have access</b>	
<b>HIV prevention component</b>	
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	Agree
HIV prevention for out-of-school young people	Agree
HIV prevention in the workplace	Don't agree
Other: please specify	

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204)

**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?**

8 (8)

205)

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

A number of schools increased HIV prevention in the curriculum. CSOs also successfully

implemented prevention programs with business houses and to a lesser extent, sex workers.

206)

**What are remaining challenges in this area:**

Recognition of the importance of HIV prevention

**Page 114**

207)

**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**

208)

**Part B, Section IV: TREATMENT, CARE AND SUPPORT**

**Question 1 (continued)**

**IF YES, how were these specific needs determined?**

Through implementation of programs

209)

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

	The majority of people in need have access
<b>HIV treatment, care and support service</b>	
Antiretroviral therapy	Agree
Nutritional care	Agree
Paediatric AIDS treatment	N/A
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Agree
Home-based care	N/A
Palliative care and treatment of common HIV-related infections	N/A
HIV testing and counselling for TB patients	Don't agree
TB screening for HIV-infected people	Don't agree
TB preventive therapy for HIV-infected people	Don't agree
TB infection control in HIV treatment and care facilities	Don't agree
Cotrimoxazole prophylaxis in HIV-infected people	Don't agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Don't agree

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

HIV care and support in the workplace (including alternative working arrangements)  Don't agree

Other: please specify

**Page 116**

210)

**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?**

6 (6)

211)

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

Early HIV patients receiving care, and one person repatriated to her community.

212)

**What are remaining challenges in this area:**

Sustainability of treatment/funding and continued availability of drugs.

**Page 117**

213)

**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)