

Survey Response Details

Response Information

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Response Details

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1) Country

Timor-Leste (0)

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

NARCISO FERNANDES

3) Postal address:

National HIV/AIDS Program Officer Ministry of Health, Timor Leste

4) Telephone:

Please include country code

+670 3331326 +670 7311738

5) E-mail:

narciso.fernandes@moh.gov.tl

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

During the first UNGASS meeting held in Timor-Leste, it was decided that the two M&E Officers within the HIV programme would be responsible for conducting the interviews with the government officials for Section A of the NCPI. The WHO Technical Officer was responsible for conducting interviews with civil society representatives for Section B of the NCPI. Following data collection, the reports were collated into a final draft which was then discussed in length at the review meeting.

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

During the final review meeting, each question was addressed to the audience. If a difference of opinion came up, discussions were held until a consensus was agreed upon.

8)

Highlight concerns, if any, related to the final NCPI data submitted (such as data quality,

potential misinterpretation of questions and the like):

There are not any concerns to highlight.

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9)

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	Ministry of Health Sr. Narciso Fernades - National HIV/AIDS Programme Manager	A.I, A.II, A.III, A.IV, A.V

10)

Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 2	National AIDS Commission Ms. Marta Abena - Executive Officer	A.I, A.II, A.III, A.IV, A.V
Respondent 3	Ministry of Social Solidarity Ms. Silvia Vicenta - Departamento Defisientes and Idozos	A. I, A. II, A. IV
Respondent 4	Ministry of Social Solidarity Ms. Joana do Cunha Gomes - Departamento Feto Vitima	A.I, A.II, A.IV
Respondent 5	Ministry of Labour Sr. Carlos Bentos Madera - Departamento Emprego	A. I, A. II
Respondent 6	Ministry of Education	A.I, A.II, A.III
Respondent 7	Secretario Estado Promocao Igualdade Sr. Henrique da Silva - Training Officer	A. I, A. II, A. III
Respondent 8		
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

11)

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	WHO Ms. Amber Kimbro - HIV/AIDS Technical Officer	B.I, B.II, B.III, B.IV

12)

Organization Names/Positions		Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 2	UNDP Mr. Luca Bruccheri - Governance Programme Officer	B.I, B.II
Respondent 3	CVTL Blossum Gilmor - HIV/AIDS Programme Officer	B.I, B.II, B.III, B.IV
Respondent 4	Esperanca Group Orlanda da Silva	B.I, B.II, B.III, B.IV
Respondent 5		
Respondent 6		
Respondent 7		
Respondent 8		
Respondent 9		
Respondent 10		
Respondent 11		
Respondent 12		
Respondent		

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Respondent
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Respondent
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Respondent
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Respondent
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Respondent
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Respondent
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Respondent
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Respondent
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Respondent
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Respondent
23
Respondent
24
Respondent
25

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13)

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**

14)

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

4

15)

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

Health	Yes	Yes
Education	Yes	Yes
Labour		
Transportation		
Military/Police		
Women	Yes	
Young people	Yes	
Other*		

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16)

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	
d. Men who have sex with men	Yes
e. Sex workers	Yes
f. Orphans and other vulnerable children	
g. Other specific vulnerable subpopulations*	Yes
Settings	
h. Workplace	
i. Schools	Yes
j. Prisons	
Cross-cutting issues	
k. HIV and poverty	
l. Human rights protection	
m. Involvement of people living with HIV	Yes
n. Addressing stigma and discrimination	Yes
o. Gender empowerment and/or gender equality	Yes

17)

1.4 Were target populations identified through a needs assessment?

Yes (0)

Page 10

18)

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

2007

Page 11

19)

Part A, Section I: STRATEGIC PLAN

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

MSM FSW Clients of sex workers Uniformed Personnel

20)

1.6 Does the multisectoral strategy include an operational plan?

Yes (0)

21)

1.7 Does the multisectoral strategy or operational plan include:

a. Formal programme goals?	No
b. Clear targets or milestones?	No
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

22)

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

23)

Part A, Section I: STRATEGIC PLAN

Question 1.8 (continued)

IF active involvement, briefly explain how this was organised:

Civil Society representatives were present in all NSP development meetings.

24)

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

Yes (0)

25)

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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26)

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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27)

Part A, Section I: STRATEGIC PLAN

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

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

28)

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)	
HIV impact alleviation	
Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support	Yes
Reduction of income inequalities as they relate to HIV prevention/treatment, care and/or support	
Reduction of stigma and discrimination	Yes
Women's economic empowerment (e.g. access to credit, access to land, training)	
Other: Please specify	

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29)

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

30)

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

31)

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	Yes
Care and support	Yes
Other: Please specify	

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32)

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):

HIV testing is done on a voluntary basis and is implemented using the national VCT/PITC guidelines.

33)

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

Yes (0)

Page 20

34)

Part A, Section I: STRATEGIC PLAN**5.1 IF YES, for which subpopulations?**

- | | |
|--------------------------------|-----|
| a. Women | Yes |
| b. Young people | Yes |
| c. Injecting drug users | |
| d. Men who have sex with men | |
| e. Sex Workers | |
| f. Prison inmates | |
| g. Migrants/mobile populations | |
| Other: Please specify | |

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35)

Part A, Section I: STRATEGIC PLAN

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

No (0)

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36)

Part A, Section I: STRATEGIC PLAN

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

Yes (0)

Page 24

37)

Part A, Section I: STRATEGIC PLAN

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

Yes (0)

38)

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

Yes (0)

Page 25

39)

Part A, Section I: STRATEGIC PLAN**7.3 Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?**

Estimates of current and future needs (0)

40)

7.4 Is HIV programme coverage being monitored?

Yes (0)

Page 26

41)

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

Yes (0)

Page 27

42)

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

FSW Clients of Sex Workers MSM Uniformed Personnel

43)

Briefly explain how this information is used:

Information collected from M&E of targeted populations will be used in the development of the NSP 2011 - 2015.

Page 28**44) Part A, Section I: STRATEGIC PLAN****Question 7.4 (continued)****(c) Is coverage monitored by geographical area?**

Yes (0)

Page 29

45)

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

At the District level.

46)

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

Yes (0)

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47)

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

48)

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

49)

2.1 IF YES, when was it created?

Please enter the year in yyyy format

2003

50)

2.2 IF YES, who is the Chair?

Name Dr. Nelson Martins

Position/title Minister of Health and President of NAC

51)

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?	
have an action plan?	Yes
have a functional Secretariat?	Yes
meet at least quarterly?	Yes
review actions on policy decisions regularly?	
actively promote policy decisions ?	
provide opportunity for civil society to influence decision-making?	
strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?	Yes

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52)

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

22

53)

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

8

54)

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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55)

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

56)

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

Information on priority needs

Technical guidance

Procurement and distribution of drugs or other supplies

Coordination with other implementing partners Yes

Capacity-building

Other: Please specify

57)

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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58)

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

59)

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)
- e. Use condoms consistently (0)
- j. Fight against violence against women (0)
- k. Greater acceptance and involvement of people living with HIV (0)
- o. Prevent mother-to-child transmission of HIV (0)

60)

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

Yes (0)

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61)

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)

62)

2.1 Is HIV education part of the curriculum in:

primary schools?
secondary schools? Yes
teacher training? Yes

63)

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

Yes (0)

64)

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

No (0)

65)

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

66)

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

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67) **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".

Uniformed Personnel

Page 45

68)

Part A, III. PREVENTION

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

Yes (0)

Page 46

69)

Part A, III. PREVENTION

Question 4 (continued)

IF YES, how were these specific needs determined?

Through a Behavioural Surveillance Survey

70)

4.1 To what extent has HIV prevention been implemented?

	The majority of people in need have access
HIV prevention component	
Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Agree
Condom promotion	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	Don't agree
Risk reduction for men who have sex with men	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	Agree
HIV prevention for out-of-school young people	N/A
HIV prevention in the workplace	N/A
Other: please specify	

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71)

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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72)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1.1 IF YES, does it address barriers for women?

Yes (0)

73)

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

Yes (0)

74)

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

Yes (0)

Page 50

75)

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

The majority of people in need
have access

HIV treatment, care and support service

Antiretroviral therapy	Agree
Nutritional care	Agree
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Agree
Home-based care	Agree
Palliative care and treatment of common HIV-related infections	Don't agree
HIV testing and counselling for TB patients	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	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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76)

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

Yes (0)

77)

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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78)

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)

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79)

Part A, Section V: MONITORING AND EVALUATION

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

Yes (0)

Page 58

80)

1.1 IF YES, years covered:

Please enter the start year in yyyy format below

2007

81)

1.1 IF YES, years covered:

Please enter the end year in yyyy format below

2010

82)

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

Yes (0)

83)

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

people living with HIV?

Yes (0)

84)

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

Yes, but only some partners (0)

Page 60

85)

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

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86)

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

87)

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

Yes (0)

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88)

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

89)

3.2 IF YES, has full funding been secured?

Yes (0)

90)

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

Yes (0)

Page 64

91)

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

Yes (0)

Page 65

92)

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

Yes (0)

Page 66

93)

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

in the National AIDS Commission (or equivalent)? No
in the Ministry of Health? Yes
Elsewhere? (please specify)

94) Number of permanent staff:

Please enter an integer greater than or equal to 0

1

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95)

Part A, Section V: MONITORING AND EVALUATION

Question 5.2 (continued)

Please describe the details of all the permanent staff:

	Position	Full time/Part time?	Since when? (please enter the year in yyyy format)
Permanent staff 1	M&E Officer	Full time	2008
Permanent staff 2			
Permanent staff 3			
Permanent staff 4			
Permanent staff 5			
Permanent staff 6			
Permanent staff 7			
Permanent staff 8			
Permanent staff 9			
Permanent staff 10			
Permanent staff 11			
Permanent staff 12			
Permanent staff 13			
Permanent staff 14			
Permanent staff 15			

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96)

Part A, Section V: MONITORING AND EVALUATION

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

No (0)

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97)

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

98)

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

Yes (0)

Page 72

99)

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

The National HIV Programme Manager within the Ministry of Health manages the national database.

100)

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

101)

7.3 Is there a functional* Health Information System?

At national level	Yes
At subnational level	

Page 74

102)

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

Yes (0)

103)

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

4 (4)

Page 77**104) 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)

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105)

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

At national level?	Yes
At subnational level?	Yes
At service delivery level including civil society?	Yes

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106) Part A, Section V: MONITORING AND EVALUATION

Question 10.1 (continued)

Please enter the number of people trained at national level.

Please enter an integer greater than 0

2

107) Please enter the number of people trained at subnational level.

Please enter an integer greater than 0

4

108) Please enter the number of people trained at service delivery level including civil society.

Please enter an integer greater than 0

3

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109)

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

110)

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

111)

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

112)

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

Through the Domestic Violence Law, the Penal Code and the Juvenal Code

Page 86

113)

Part B, Section I. HUMAN RIGHTS

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

No (0)

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114)

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

115)

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

In the NSP 2006 - 2010, the promotion of rights and protection of PLHIV is included under the multi-sectoral component. Additionally, the Inter-sectorial framework identifies HIV as an issue that requires policies and mechanisms to address advocacy, inequality and discrimination.

116)

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)

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117)

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

PLHIV groups have representation through NAC, CCM, MoH, Caritas, CWS, SSpS, Esperanca, MSS and Timor-Aid.

118)

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)

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119)

Part B, Section I. HUMAN RIGHTS**Question 6 (continued)****IF YES, describe some examples:**

PLHIV are a constituency in the CCM. They have been involved in the development of the NSP 2006 - 2010 and in GFATM grant proposals.

120)

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 |

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121)

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:

PLHIV need transport to reach HIV services, nutritional supplementation and community based treatment and care.

122)

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

Yes (0)

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123)

Part B, Section I. HUMAN RIGHTS

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

No (0)

124)

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)

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125)

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

IF YES, briefly describe the content of this policy:

High Risk Groups are given equal access to HIV treatment and care centers.

126)

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)

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127)

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

No (0)

128)

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

Yes (0)

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129)

Part B, Section I. HUMAN RIGHTS

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

No (0)

Page 97

130)

– 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)

131)

– 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)

132)

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

No (0)

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133)

Part B, Section I. HUMAN RIGHTS

Question 12 (continued)

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

Timor-Leste has the Provedoria for human rights and justice which was established in 2004 with the mandate of "reviewing complaints, conducting investigations and forwarding recommendations to prevent or redress illegality or injustice to competent organs."

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134)

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?

Yes (0)

135)

– Legal aid systems for HIV casework

Yes (0)

136)

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

No (0)

137)

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

No (0)

138)

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

Yes (0)

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139)

Part B, Section I. HUMAN RIGHTS**Question 15 (continued)****IF YES, what types of programmes?**

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

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140)

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?**

5 (5)

141)

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

ART has been initiated

142)

What are remaining challenges in this area:

There aren't any specific protection policies for PLHIV or special support against discrimination.

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143)

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?**

6 (6)

144)

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

The UNDP justice system programme and the OHCR-UNDP capacity development of the PDHJ project, support justice and human rights institutions to protect, promote and fulfill basic human rights standards which are foreseen by the constitution or by the international instruments ratified by the government. Moreover, both programmes aim at raising citizen's legal literacy and awareness of their rights. To this effect, strategic interventions have sought to develop capacities of traditional community leaders, women's groups and paralegals to sensitize their communities and raise awareness. Particular emphasis has also been given to communities where levels of violence and human rights abuses are highest.

145)

What are remaining challenges in this area:

Stigma in health centers is still quite common with no repercussions for health staff who practise discrimination.

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146)

Part B, Section II: CIVIL SOCIETY* PARTICIPATION**1. To what extent has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?**

4 (4)

147)

Comments and examples:

Advocacy and outreach programmes have been conducted for religious leaders.

Page 104

148)

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)?**

3 (3)

149)

Comments and examples:

Civil society members were involved in the development of the NSP 2006 - 2010, but not in the planning and budget.

Page 105

150)

a. the national AIDS strategy?

4 (4)

151)

b. the national AIDS budget?

2 (2)

152)

c. national AIDS reports?

2 (2)

Page 106

153)

a. developing the national M&E plan?

3 (3)

154)

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

3 (3)

155)

c. M&E efforts at local level?

2 (2)

Page 107156) **Part B, Section II. CIVIL SOCIETY PARTICIPATION****5. To what extent is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. networks of people living with HIV, organizations of sex workers, faith-based organizations)?**

3 (3)

Page 108

157)

a. adequate financial support to implement its HIV activities?

3 (3)

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

3 (3)

159) **Comments and examples:**

The majority of civil society organizations in Timor-Leste do not have independent funding are continuously looking for additional funding for HIV programming.

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160) **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%
Prevention for most-at-risk-populations	
- Injecting drug users	<25%
- Men who have sex with men	<25%
- Sex workers	<25%
Testing and Counselling	<25%
Reduction of Stigma and Discrimination	<25%
Clinical services (ART/OI) *	<25%
Home-based care	<25%
Programmes for OVC* *	<25%

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161)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

Question 7 (continued)

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

5 (5)

162)

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

The majority of HIV interventions in prevention are carried out by civil society organizations.

163)

What are remaining challenges in this area:

Financial constraints.

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164)

Part B, Section III: PREVENTION**1. Has the country identified the specific needs for HIV prevention programmes?**

Yes (0)

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165)

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

Through assessments and reviews.

166)

1.1 To what extent has HIV prevention been implemented?

The majority of people in need
have access

HIV prevention component

Blood safety	Agree
Universal precautions in health care settings	Don't agree
Prevention of mother-to-child transmission of HIV	Don't 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	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
Uniformed Personnel	Agree

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167)

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?

6 (6)

168)

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

The setup of the VCT/PITC system.

169)

What are remaining challenges in this area:

Specific interventions targeting FSW and MSM.

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170)

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

171)

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

	The majority of people in need have access
HIV treatment, care and support service	
Antiretroviral therapy	Agree
Nutritional care	Agree
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Agree
Home-based care	Agree
Palliative care and treatment of common HIV-related infections	Agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	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	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Agree

HIV treatment services in the workplace or treatment referral systems through the workplace Don't agree

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

Other: please specify

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172)

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?

5 (5)

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173)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

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

No (0)