

## Survey Response Details

### Response Information

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### User Information

**Username:** ce\_BF  
**Email:**

### Response Details

#### Page 1

**1) Country**

Burkina Faso (0)

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

Dr. Joseph André TIENDREBEOGO

**3) Postal address:**

01 BP 6464 Ouagadougou 01

**4) Telephone:**

Please include country code

(226)50-31-67-85 / (226)50-30-66-22

**5) Fax:**

Please include country code

(226) 50-31-40-01

**6) E-mail:**

spcnls@fasonet.bf

**7) Date of submission:**

Please enter in DD/MM/YYYY format

22/02/2010

#### Page 3

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

Pour la collecte des données, nous avons soumis le questionnaire à des personnes ressources des structures de l'ensemble des secteurs. La synthèse a été présentée à une équipe élargie répartie en deux groupes : le groupe public dirigé par un représentant du secteur public et le groupe société civile dirigé un représentant de la société civile. Chaque groupe a validé de façon

consensuelle et en toute souveraineté l'ensemble des réponses.

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

Pour la résolution des désaccords dans les réponses aux questions, chaque groupe laisse les participants développer les arguments pour convaincre et de façon consensuelle une réponse est retenue.

10)

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

Pour l'instant nous n'avons aucun problème

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11)

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

| Organization Names/Positions |  | Respondents to Part A<br>[Indicate which parts each respondent was queried on] |
|------------------------------|--|--|
| Respondent 1                 | SP/CNLS-IST<br>Dr. Joseph André TIENDREBEOGO<br>Secrétaire Permanent | A.I, A.II, A.III, A.IV, A.V  |

12)

| Organization  | Names/Positions  | Respondents to Part A<br>[Indicate which parts each respondent was queried on] |
|---------------|--|--|
| Respondent 2  | SP/CNLS-IST<br>Dabou Irène TRAORE<br>Coordonnatrice UC-PSE     | A.I, A.II, A.III, A.IV, A.V  |
| Respondent 3  | SP/CNLS-IST<br>Dr. Aimé BIDIGA Chef de<br>Département          | A. I, A. II, A. III, A. IV, A. V   |
| Respondent 4  | SP/CNLS-IST<br>Dr. Wamarou TRAORE<br>Coordonnateur             | A.I, A.II, A.III, A.IV, A.V  |
| Respondent 5  | SP/CNLS-IST<br>M. Seydou KABRE Coordonnateur                   | A. I, A. II, A. III, A. IV, A. V   |
| Respondent 6  | SP/CNLS-IST<br>M. Kassim GUIRE Gestionnaire<br>Base de Données | A.I, A.II, A.III, A.IV, A.V  |
| Respondent 7  | SP/CNLS-IST<br>Mme Josiane GYENGANI Chargée de<br>programme    | A. I, A. II, A. III, A. IV, A. V   |
| Respondent 8  | SP/CNLS-IST<br>Dr. Mamadou SOKEY Chargé de<br>programme        | A.I, A.II, A.III, A.IV, A.V  |
| Respondent 9  | SP/CNLS-IST<br>Dr. Célestine KI                                | A. I, A. II, A. III, A. IV, A. V   |
| Respondent 10 | SP/CNLS-IST<br>Dr. Victor BONKOUNGOU Chargé<br>de programme    | A.I, A.II, A.III, A.IV, A.V  |
| Respondent 11 | CMLS/MEF<br>Mme Marie Michelle SANON                           | A. I, A. II, A. III, A. IV, A. V   |
| Respondent 12 | CMLS/SANTE<br>Dr. Antoine SOMDA Chargé de<br>programme         | A.I, A.II, A.III, A.IV, A.V  |
| Respondent    |  |  |

|               |             |                                |                             |
|---------------|-------------|--------------------------------|-----------------------------|
| Respondent 13 | CMLS/SANTE  | Dr. Joseph SANOU Coordonnateur | A.I, A.II, A.III, A.IV, A.V |
| Respondent 14 | CMLS/MASSN  | M. Moussa SAM                  | A.I, A.II, A.III, A.IV, A.V |
| Respondent 15 | CMLS/MESSRS | Mme Gabrielle BANDRE           | A.I, A.II, A.III, A.IV, A.V |
| Respondent 16 | INSD        | M. Jérémy KAFANDO              | A.I, A.II, A.III, A.IV, A.V |
| Respondent 17 | DSF         | Dr. Yahouba DOMO               | A.I, A.II, A.III, A.IV, A.V |
| Respondent 18 | DEP/SANTE   | Aguiébina OUEDRAOGO            | A.I, A.II, A.III, A.IV, A.V |
| Respondent 19 | CMLS/MEBA   | Mme Ivette SANFO               | A.I, A.II, A.III, A.IV, A.V |
| Respondent 20 |             |                                |                             |
| Respondent 21 |             |                                |                             |
| 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<br>[Indicate which parts each respondent was queried on] |
|--------------|------------------------------|--|
| Respondent 1 | IPC<br>Dr. Genéviève ONADJOA | B.I, B.II, B.III, B.IV   |

14)

|              | Organization      | Names/Positions      | Respondents to Part B<br>[Indicate which parts each respondent was queried on] |
|--------------|-------------------|----------------------|--|
| Respondent 2 | AES/BURKINA       | M. Boniface SOMBIE   | B.I, B.II, B.III, B.IV   |
| Respondent 3 | REGIPIV           | M. Elie SANON        | B.I, B.II, B.III, B.IV   |
| Respondent 4 | URCB              | M. Théophile MONE    | B.I, B.II, B.III, B.IV   |
| Respondent 5 | RAJS/BURKINA      | M. Ignace SANGARE    | B.I, B.II, B.III, B.IV   |
| Respondent 6 | PAMAC             | Mme. Odette KI ZERBO | B.I, B.II, B.III, B.IV   |
| Respondent 7 | SP/CNLS-IST-DCCRO | M. Joachim OUEDRAOGO | B.I, B.II, B.III, B.IV   |
| Respondent   | SP/CNLS-IST-      |                      |  |

|                  |                       |                   |                        |
|------------------|-----------------------|-------------------|------------------------|
| Respondent<br>8  | SE/CNLS-101-<br>DCCRO | Mme Alice SANON   | B.I, B.II, B.III, B.IV |
| Respondent<br>9  | PERSONNE<br>RESSOURCE | Mme Rita LAMOUKRI | B.I, B.II, B.III, B.IV |
| Respondent<br>10 |                       |                   |                        |
| Respondent<br>11 |                       |                   |                        |
| Respondent<br>12 |                       |                   |                        |
| Respondent<br>13 |                       |                   |                        |
| Respondent<br>14 |                       |                   |                        |
| Respondent<br>15 |                       |                   |                        |
| Respondent<br>16 |                       |                   |                        |
| Respondent<br>17 |                       |                   |                        |
| Respondent<br>18 |                       |                   |                        |
| Respondent<br>19 |                       |                   |                        |
| Respondent<br>20 |                       |                   |                        |
| Respondent<br>21 |                       |                   |                        |
| Respondent<br>22 |                       |                   |                        |
| Respondent<br>23 |                       |                   |                        |
| Respondent<br>24 |                       |                   |                        |
| Respondent<br>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:**

2006-2010

17)

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

**Number of Years**

10

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

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

**Question 1.2 (continued)**

**If "Other" sectors are included, please specify:**

Tous les ministères

**Page 9**

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      | No  |
| d. Men who have sex with men | No  |
| e. Sex workers               | Yes |

|  |     |
|--|-----|
| f. Orphans and other vulnerable children     | Yes |
| g. Other specific vulnerable subpopulations* | Yes |
| <b>Settings</b>                              |     |
| h. Workplace                                 | Yes |
| i. Schools                                   | Yes |
| j. Prisons                                   | Yes |
| <b>Cross-cutting issues</b>                  |     |
| 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

**Page 11**

23)

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

PVVIH, Jeunes, Femmes, Orpailleurs, OEV, TS, Hommes de tenue, Routiers, Prisonniers, Secteur informel

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?             | Yes |
| 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:**

-Participation aux processus d'élaboration des documents stratégiques et opérationnels (CSLS 2006-2010, Plan opérationnel du CSLS, Plan National Multisectoriel PNM, Bilan PNM, Manuel suivi évaluation, Stratégie nationale de prise en charge des OEV, Stratégie nationale de communication, Plan d'investissement pour le renforcement des capacités techniques, Rapport UNGASS) - Participation à tous les cadres et instances de concertation, -Participation aux missions de supervision et de suivi évaluation, -Participation aux conférences et ateliers nationaux et internationaux

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)

**Page 14**

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)

**Page 15**

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 | Yes |
| c. Poverty Reduction Strategy                                      | Yes |
| d. Sector-wide approach  | Yes |
| e. Autres: insérer   |     |

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)                   | Yes |
| Autres: -Plaidoyer, -Mobilisation sociale en faveur de la lutte contre le Sida                   | 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?**

Yes (0)

**Page 17**

34)

**Part A, Section I: STRATEGIC PLAN****3.1 IF YES, to what extent has it informed resource allocation decisions?**

4 (4)

35)

**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**

36)

**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 |
| Autres: Discrimination et stigmatisation | Yes |

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37)

**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):**

-Test obligatoire pour les nouvelles recrues (Directives de l'armée) -Test volontaire pour le personnel en tenue et les membres de famille

38)

**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**

39)

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

**5.1 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. Sex Workers                 | No  |
| f. Prison inmates              | No  |
| g. Migrants/mobile populations | No  |
| Autres: insérer                |     |

40)

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

Textes d'application en cours d'élaboration pour la loi VIH qui intègre les articles concernant le VIH dans la loi SR

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41)

**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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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?**

Yes (0)

**Page 24**

43)

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

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

Yes (0)

44)

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

Yes (0)

**Page 25**

45)

**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)

46)

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

Yes (0)

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47)

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

Yes (0)

48)

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

Yes (0)

**Page 27**

49)

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

TS, Jeunes, PVVIH, OEV, Femmes enceintes, Routiers, Hommes de tenue,

50)

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

-Pour l'aide à la décision -Dans le processus de planification

**Page 28**51) **Part A, Section I: STRATEGIC PLAN**

**Question 7.4 (continued)****(c) Is coverage monitored by geographical area?**

Yes (0)

**Page 29**

52)

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

Région, Province, District sanitaire, Commune, Village

53)

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

-Répartition des intrants, -Formation du personnel, -Amélioration du plateau technique, -  
Collaboration entre structures publiques, privées et communautaires

54)

**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**

55)

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

9 (9)

56)

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

-Mise en oeuvre du processus de décentralisation et de déconcentration (antennes régionales), -  
Appui/accompagnement aux acteurs des secteurs la prise en compte des orientations stratégiques  
dans leur planification, -Diffusion des orientations stratégiques en matières de planification et suivi  
évaluation, -Implication des acteurs sectoriels dans l'évaluation à mi-parcours et final du CSLS  
2006-2010, -Implication des acteurs sectoriels dans le processus d'élaboration du CSLS 2011-  
2015, -Extension de la couverture en ARV et PTME, -Approvisionnement régulier en intrants IST/IO,  
-Décentralisation de la prise en charge par les ARV et prise en charge pédiatrique, -Construction  
d'infrastructures sanitaires et équipement des infrastructures sanitaires, -Formation des acteurs en  
planification suivi évaluation et PCIM/VIH

57)

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

-Fonctionnement des structures décentralisées et déconcentrées, -Couverture nationale en PTME, -Amélioration du dispositif d'approvisionnement en intrant et ARV, -Couverture en prise en charge pédiatrique, -Panier commun sida, -Equipement pour le diagnostic précoce du VIH chez les enfants et les charges virales, -Appui au programme IST, -Appui nutritionnel, -Renforcement en ressources humaines, -Développement de programmes spécifiques à l'endroit des sous groupes non encore couverts, -Renforcement de la disponibilité des données par sous groupes

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58)

**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 |

59)

**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**

60)

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

Please enter the year in yyyy format

2001

61)

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

|                |  |
|----------------|--|
| Name           | SE Blaise COMPAORE                       |
| Position/title | Président du FASO, Président du CNLS-IST |

62)

**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?   | Yes |
| have an action plan?  | Yes |
| have a functional Secretariat?  | Yes |
| meet at least quarterly?  | No  |
| 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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63)

**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

140

64)

**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

15

65)

**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

2

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66)

**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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67)

**Part A, Section II: POLITICAL SUPPORT****Question 3 (continued)****IF YES, briefly describe the main achievements:**

En tant que membres du Conseil, ils participent tous à l'élaboration du CSLS et son plan d'opérationnalisation, son adoption et sa mise en oeuvre et son suivi évaluation.

68)

**Briefly describe the main challenges:**

Problème de régularité des rencontres périodiques

69)

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

Please enter the rounded percentage (0-100)

47

70)

**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 |
| Autres: Ressources financières                          | Yes |

71)

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

Yes (0)

**Page 36**

72)

**Part A, Section II: POLITICAL SUPPORT****6.1 IF YES, were policies and laws amended to be consistent with the National AIDS Control policies?**

Yes (0)

**Page 37**

73)

**Part A, Section II: POLITICAL SUPPORT****Question 6.1 (continued)****IF YES, name and describe how the policies / laws were amended:**

-Loi sur le VIH en complément à la loi sur SR -Textes d'application de certains textes existants, -  
Textes sur les structures décentralisées du CNLS-IST

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74)

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

9 (9)

75)

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

-Mise en oeuvre du processus de décentralisation et de déconcentration (antennes régionales), -  
Appui/accompagnement aux acteurs des secteurs la prise en compte des orientations stratégiques  
dans leur planification, -Diffusion des orientations stratégiques en matières de planification et suivi  
évaluation, -Implication des acteurs sectoriels dans l'évaluation à mi-parcours et final du CSLS  
2006-2010, -Implication des acteurs sectoriels dans le processus d'élaboration du CSLS 2011-  
2015, -Extention de la couverture en ARV et PTME, -Approvisionnement régulier en intrants IST/IO,  
-Décentralisation de la prise en charge par les ARV et prise en charge pédiatrique, -Construction  
d'infrastructures sanitaires et équipement des infrastructures sanitaires, -Formation des acteurs en  
planification suivi évaluation et PCIM/VIH

76)

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

-Fonctionnement des structures décentralisées et déconcentrées, -Couverture nationale en PTME,  
-Amélioration du dispositif d'approvisionnement en intrant et ARV, -Couverture en prise en charge  
pédiatrique, -Panier commun sida, -Equipe pour le diagnostic précoce du VIH chez les enfants  
et les charges virales, -Appui au programme IST, -Appui nutritionnel, -Renforcement en ressources  
humaines, -Développement de programmes spécifiques à l'endroit des sous groupes non encore  
couverts, -Renforcement de la disponibilité des données par sous groupes

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77)

**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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78)

**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)
- 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)
- n. Know your HIV status (0)
- o. Prevent mother-to-child transmission of HIV (0)

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

Diagnostic précoce et traitement adéquat des IST

80)

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

Yes (0)

**Page 41**

81)

**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)

82)

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

|                    |     |
|--------------------|-----|
| primary schools?   | Yes |
| secondary schools? | Yes |
| teacher training?  | Yes |

83)

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

Yes (0)

84)

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

Yes (0)

85)

**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**

86)

**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 | Sex workers, Clients of sex workers, Prison inmates, Other populations |
| Stigma and discrimination reduction                      | Sex workers, Clients of sex workers, Prison inmates, Other populations |
| Condom promotion   | Sex workers, Clients of sex workers, Prison inmates, Other populations |
|  | Sex workers, Clients of sex workers, Prison inmates, Other populations |

HIV testing and counselling

SEX WORKERS, CLIENTS OF SEX WORKERS, PRISON inmates, Other populations

Reproductive health, including sexually transmitted infections prevention and treatment

Sex workers, Clients of sex workers, Prison inmates, Other populations

Vulnerability reduction (e.g. income generation)

Sex workers, Other populations

Drug substitution therapy

Needle & syringe exchange

### Page 43

#### 87) 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".

-Jeunes, -Orpailleurs, -PVVIH, -Routiers, -OEV, -Griotes, -Dolotières

### Page 44

88)

#### Part A, III. PREVENTION

##### Question 3.1 (continued)

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

9 (9)

89)

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

-Renforcement de la promotion du condom féminin -Meilleurs ciblage des sous groupes vulnérables  
-Adoption d'une stratégie nationale de communication

90)

What are remaining challenges in this area:

-Mise en oeuvre de la stratégie nationale de communication -Meilleur ciblage de prise en compte de groupe émergents.

### Page 45

91)

#### Part A, III. PREVENTION

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

Yes (0)

### Page 46

92)

#### 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  | N/A         |
| Risk reduction for sex workers  | Agree       |
| Reproductive health services including sexually transmitted infections prevention and treatment | Agree       |
| School-based HIV education for young people   | Don't agree |
| HIV prevention for out-of-school young people   | Don't agree |
| HIV prevention in the workplace   | Agree       |
| Autres: Prévention du VIH pour les dolières, orpailleurs, routiers et hommes de tenue           | Agree       |

#### Page 47

93)

##### Part A, III. PREVENTION

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

**8 (8)**

94)

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

-Meilleurs intégration des jeunes -Passage à l'échelle de la PTME -Révision des normes et protocoles CDV, des algorithmes de prise en charge des IST -Elaboration de la stratégie nationale de communication -Etude comportementale chez les vendeuses ambulantes -Campagne de dépistage ciblé -Journée mondiale du Sida

95)

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

-Disponibilité des réactifs -Renforcement des capacités des acteurs -Insuffisance de la couverture PTME -Renforcement des interventions ciblées

**Page 48**

96)

**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)

**Page 49**

97)

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

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

Yes (0)

98)

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

Yes (0)

99)

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

Yes (0)

**Page 50**

100)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT****Question 2 (continued)**

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

-Evaluation des CSLS -Evaluation des différents protocoles -Activités de suivi/supervision -  
Elaboration du CSLS -Elaboration du document de l'accès universel -Au moment de  
l'opérationnalisation du CSLS et l'accès universel

101)

**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  | Don't agree |
| Paediatric AIDS treatment   | Agree       |
| Sexually transmitted infection management   | Agree       |
| Psychosocial support for people living with HIV and their families                          | Agree       |
| Home-based care   | Don't agree |
| Palliative care and treatment of common HIV-related infections                              | Agree       |
| HIV testing and counselling for TB patients   | Agree       |
| TB screening for HIV-infected people  | 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 | Agree       |
| HIV care and support in the workplace (including alternative working arrangements)          | Don't agree |
| Autres programmes: insérer  |             |

**Page 51**

102)

**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)

103)

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

Yes (0)

**Page 52**

104)

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

-ARV, -Médicaments des Infections Opportunistes (IO)

**Page 53**

105)

**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)

106)

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

-Équipement laboratoire pour la prise en charge biologique -Décentralisation des ARV et prise en charge médicale (gratuité ARV) -Révision NEP/PCM -Révision module prise en charge communautaire PECC -Révision PCIM/VIH -Renforcement de la décentralisation de la prise en charge des adultes et des enfants -Meilleurs suivi biologiques des PVVIH

107)

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

-Coût de suivi biologique -Insuffisance des intrants -Insuffisance en ressources humaines - Insuffisance de formation des agents pour la prise en charge médicale

**Page 54**

108)

**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?**

Yes (0)

**Page 55**

109)

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

**5.1 IF YES, is there an operational definition for orphans and vulnerable children in the country?**

Yes (0)

110)

**5.2 IF YES, does the country have a national action plan specifically for orphans and vulnerable children?**

Yes (0)

111)

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

Yes (0)

**Page 56**

112)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT****Question 5.3 (continued)****IF YES, what percentage of orphans and vulnerable children is being reached?**

Please enter the rounded percentage (0-100)

25

113)

**Overall, how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2009?**

7 (7)

114)

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

Adoption de la stratégie nationale de prise en charge des OEV

115)

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

Couverture totale effective des besoins des OEV (Scolarisation, appui alimentaire)

**Page 57**

116)

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

Yes (0)

**Page 58**

117)

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

2006

118)

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

2010

119)

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

Yes (0)

120)

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

Yes (0)

121)

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

Yes, all partners (0)

## Page 60

122)

**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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123)

**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 |

124)

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

Yes (0)

**Page 62**

125)

**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".

8

126)

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

No (0)

127)

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

Yes (0)

**Page 64**

128)

**Part A, Section V: MONITORING AND EVALUATION****Question 3.2 (continued)****IF you answer "NO" i.e., indicating the full funding has NOT been secured, briefly describe the challenges:**

-Mobilisation des ressources -Choix optionnel de certains PTF

129)

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

Yes (0)

**Page 65**

130)

**Part A, Section V: MONITORING AND EVALUATION****Question 4 (continued)****IF YES, briefly describe how often a national M&E assessment is conducted and what the assessment involves:**

-Annuellement :Bilan physique et financier du plan de suivi évaluation

131)

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

Yes (0)

**Page 66**

132)

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

in the National AIDS Commission (or equivalent)? Yes  
in the Ministry of Health?  
ailleurs ? (insérer)

**133) Number of permanent staff:**

Please enter an integer greater than or equal to 0

9

**134) Number of temporary staff:**

Please enter an integer greater than or equal to 0

0

**Page 67**

135)

**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?<br>(please enter the year in yyyy format) |
|----------------------|---|----------------------|---|
| Permanent staff<br>1 | Coordonnatrice (Economiste-Planificatrice)  | Full time            | 2001  |
| Permanent staff<br>2 | Gestionnaire Base de Données (Statisticien) | Full time            | 2005  |
| Permanent staff<br>3 | Chargé de programme (Sociologue)            | Full time            | 2004  |
| Permanent staff<br>4 | Chargé de programme (Financier)             | Full time            | 2006  |
| Permanent staff<br>5 | Chargé de programme (Medecin)               | Full time            | 2008  |
| Permanent staff<br>6 | Chargé de programme                         | Full time            | 2005  |
| Permanent staff<br>7 | Chargé de programme (Financier)             | Full time            | 2008  |
| Permanent staff      | Chargé de programme (Financier)             | Full time            | 2008  |

|                 |                                 |           |      |
|-----------------|---------------------------------|-----------|------|
| 8               | Charge de programme (Financier) | Full time | 2009 |
| Permanent staff | Chargé de programme (Financier) | Full time | 2010 |
| 9               |                                 |           |      |
| Permanent staff |                                 |           |      |
| 10              |                                 |           |      |
| Permanent staff |                                 |           |      |
| 11              |                                 |           |      |
| Permanent staff |                                 |           |      |
| 12              |                                 |           |      |
| Permanent staff |                                 |           |      |
| 13              |                                 |           |      |
| Permanent staff |                                 |           |      |
| 14              |                                 |           |      |
| Permanent staff |                                 |           |      |
| 15              |                                 |           |      |

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136)

**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?**

Yes (0)

**Page 69**137) **Part A, Section V: MONITORING AND EVALUATION****Question 5.3 (continued)****IF YES, briefly describe the data-sharing mechanisms:**

Le partage des données se fait à travers le système national de suivi évaluation. Il y a quatre niveaux qui sont utilisés. IL s'agit du niveau : - central - régional - provincial - exécution

138)

**What are the major challenges?**

-Appui/accompagnement des acteurs au niveau décentralisé par l'UC-PSE -Mobilisation insuffisante des ressources pour le suivi évaluation -Faiblesse des ressources allouées au suivi évaluation

**Page 70**

139)

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

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

Yes, meets regularly (0)

140)

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

Yes (0)

**Page 71****141) Part A, Section V: MONITORING AND EVALUATION****Question 6.1 (continued)**

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

Ce sont les associations/OBC, les ONG, les organisations coutumières et religieuses,

142)

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

Yes (0)

**Page 72**

143)

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

La base de données est développée sous ACCESS et gérée par un ingénieur statisticien expert en base de données. Elle s'inspire du manuel de suivi évaluation et permet de suivre et gérer l'ensemble des indicateurs retenus dans le document de référence en la matière qui est le manuel de suivi évaluation.

144)

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

Yes, all of the above (0)

**Page 73**

145)

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

|                      |     |
|----------------------|-----|
| At national level    | Yes |
| At subnational level | Yes |

**Page 74****146) 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)?**

Régional District

**147)**

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

Yes (0)

**148)**

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

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

4 (4)

**149)**

**Provide a specific example:**

Nombre de personnes sous ARV, nombre de perservatifs distribués, nombre de femmes enceintes séropositives bénéficiant d'ARV, la prévalence chez les jeunes, la prévalence de la population sexuellement active, le nombre d'OEV etc. Outre le manuel de suivi évaluation qui sert de référence, le CSLS et le Plan National Multisectoriel élaboré chaque année, les informations recueillies à travers les fiches de rapport trimestrielle, les rapports des sites sentinelles, le bilan du PNM, Les résultats des études et évaluations réalisées, les résultats des analyses de la situation et de la réponse dans les ministères et institutions et secteur privé/entreprises, servent d'orientation stratégique pour la planification des interventions et la mise en œuvre des actions.

**150)**

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

La non complétude des données et le non respect des échéances de collecte et de transmission des données

**Page 75****151) Part A, Section V: MONITORING AND EVALUATION**

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

4 (4)

**152)**

**Provide a specific example:**

Nombre de personnes sous ARV, nombre de preservatifs distribués, nombre de femmes enceintes séropositives bénéficiant d'ARV, la prévalence chez les jeunes, la prévalence de la population sexuellement active, le nombre d'OEV etc. Outre le manuel de suivi évaluation qui sert de référence, le CSLS et le Plan National Multisectoriel élaboré chaque année, les informations recueillies à travers les fiches de rapport trimestrielle, les rapports des sites sentinelles, le bilan du PNM, Les résultats des études et évaluations réalisées, les résultats des analyses de la situation et de la réponse dans les ministères et institutions et secteur privé/entreprises, servent d'orientation stratégique pour la planification des interventions et la mise en œuvre des actions.

153)

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

La non complétude des données et le non respect des échéances de collecte et de transmission des données

**Page 76**

154)

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

4 (4)

155)

**Provide a specific example:**

Nombre de personnes sous ARV, nombre de preservatifs distribués, nombre de femmes enceintes séropositives bénéficiant d'ARV, la prévalence chez les jeunes, la prévalence de la population sexuellement active, le nombre d'OEV etc. Outre le manuel de suivi évaluation qui sert de référence, le CSLS et le Plan National Multisectoriel élaboré chaque année, les informations recueillies à travers les fiches de rapport trimestrielle, les rapports des sites sentinelles, le bilan du PNM, les résultats des études et évaluations réalisées, les résultats des analyses de la situation et de la réponse dans les ministères et institutions et secteur privé/entreprises, servent d'orientation stratégique pour la planification des interventions et la mise en œuvre des actions

156)

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

La non complétude des données et le non respect des échéances de collecte et de transmission des données

**Page 77****157) 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**

158)

**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 |

**Page 79**159) **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

3976

**Page 80**

160)

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

Yes (0)

**Page 81**161) **Part A, Section V: MONITORING AND EVALUATION****Question 10.2 (continued)****IF YES, describe what types of activities:**

-Supervision -Rencontres de mise à jour du fichier malade

**Page 82**162) **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?**

8 (8)

163)

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

Concernant le système de collecte des données, les activités ont permis de mettre en place un dispositif national performant pour capter à différents niveaux les informations et les données sur le VIH. Ce dispositif comprend : \*la base de données du SP/CNLS-IST ; \*le logiciel ESOPE pour le suivi des patients sous ARV ainsi que la base de données du CMLS/santé. Le logiciel ESOPE qui assure le suivi informatisé des patients contient le dossier électronique de 13 862 patients et les données de 74 800 visites chez le médecin ; \*la base de données communautaire au niveau du PAMAC.

164)

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

-manque de données pour la planification des interventions spécifiques et régionales ; - insuffisance d'implication des structures sectorielles et des projets/programmes au système national de suivi évaluation conformément aux «Three ones » ; -faible prise en compte de toutes les composantes de la surveillance de seconde génération du VIH ; -nécessité permanente de renforcement des capacités des structures due à la mobilité et à la faible motivation des agents de collecte des données ; -faiblesse dans le financement du plan d'actions de suivi évaluation notamment les enquêtes et études ; -faible niveau de complétude, de promptitude et de dépôt des rapports.

**Page 83**

165)

**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**

166)

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

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

- La loi 049 - 2005 sur la SR - La loi 028-2008 sur le code de travail - La loi 030 - 2008 sur le VIH - les Principes du Recueil des Directives pratiques du BIT et le monde de travail Le VIH est mentionné de façon spécifique dans la loi 049 - 2005 sur la SR et la loi n°30-2008 sur le VIH

167)

**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**

168)

**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. Sex Workers                 | No  |
| f. prison inmates              | Yes |
| g. Migrants/mobile populations | No  |
| Autre: insérer                 |     |

169)

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

Des dispositions sont prises pour l'élaboration des textes d'application

**Page 86**

170)

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

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

No (0)

**Page 88**171) **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**

172)

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

**Question 4 (continued)**

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

L'axe 3 du cadre stratégique de lutte contre le sida est stipulé : Renforcement de la protection et du soutien aux PVVIH et personnes affectées par le VIH/SIDA et autres groupes spécifiques(cf cadre stratégique)

173)

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

Yes (0)

**Page 90**

174)

**Part B, Section I. HUMAN RIGHTS****Question 5 (continued)**

**IF YES, briefly describe this mechanism:**

- Déclaration de l'individu à une structure (association, action sociale, justice, etc.) - Existence de permanences de conseils juridiques au niveau du Ministère de l'action sociale et disponibilité des structures juridiques étatiques - Existence d'un programme spécifique au niveau du PAMAC qui assure un mécanisme de veille juridique /conseil aux PVIH

175)

**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**

176)

**Part B, Section I. HUMAN RIGHTS****Question 6 (continued)**

**IF YES, describe some examples:**

-l'élaboration du CSLS a fait l'objet d'une participation multisectorielle spécifiquement celle de la société civile (réseau des PVIH, association des camionneurs) -la mise en œuvre des activités ciblées connaît la participation des cibles concernées (TS, routiers) -l'élaboration de la requête du round 9 du FM a connu la participation des TS et des MSM

177)

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

|   |     |
|---|-----|
| a. HIV prevention services                    | Yes |
| b. Antiretroviral treatment                   | No  |
| c. HIV-related care and support interventions | Yes |

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178)

**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:**

-Opérationnalisation du panier commun -Distribution gratuite des préservatifs -Médicaments contre les infections opportunistes gratuits -Gratuité du soutien alimentaire, psychologique NB : La gratuité des ARV est en vigueur à compter du 1er janvier 2010

179)

**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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180)

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

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

Yes (0)

181)

**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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182)

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

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

Domaine 7 de l'axe 1 du CSLS : (Promotion des activités ciblées au profit des groupes vulnérables et/ou spécifiques) Domaine 2 de l'axe 3 du CSLS:(Renforcement du soutien psychosocial, spirituel, social et économique aux groupes vulnérables et spécifiques)

183)

**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?**

Yes (0)

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184)

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

**Question 9.1 (continued)**

**IF YES, briefly explain the different types of approaches to ensure equal access for different populations:**

-Existence d'un fonds de soutien pour les femmes -Existence d'un fonds commun genre -PCIME -PTME -Interventions ciblées (jeunes, TS, orpailleurs, routiers, MSM, femmes en milieu rural, etc.)

185)

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

Yes (0)

186)

**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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187)

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

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

Yes (0)

188)

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

-Il veille au respect de l'éthique dans les protocoles de recherche sur le VIH/SIDA impliquant des

sujets humains -Dépôt d'un dossier (protocole, formulaire de consentement, fiche d'information) par le chercheur ; tenue d'une session d'examen du dossier ; avis du comité

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189)

**– 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)

190)

**– 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)

191)

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

Yes (0)

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192)

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

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

-Tous les Ministères ont un CMLS dont l'une des missions est de protéger les droits des PVVIH -Nombre de PVVIH affectées et groupes spécifiques victimes de stigmatisation et de discrimination ayant reçu une assistance juridique -Nombre de campagnes de sensibilisation réalisées en faveur de la promotion et de la protection juridique des PVVIH

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193)

**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)

194)

– **Legal aid systems for HIV casework**

Yes (0)

195)

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

Yes (0)

196)

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

Yes (0)

197)

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

Yes (0)

**Page 100**

198)

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

**Question 15 (continued)**

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

|  |     |
|--|-----|
| Media  | Yes |
| School education   | Yes |
| Personalities regularly speaking out   | Yes |
| Autres: : témoignages publics par la communication de proximité (théâtre, animation diverse) | Yes |

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199)

**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?**

7 (7)

200)

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

-Adoption de la loi 030-2008 -Réalizations d'études sur la discrimination et stigmatisation - Mobilisation des associations par la mise en œuvre des activités de sensibilisation sur la stigmatisation et discrimination

201)

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

-La sous information sur la loi par la population/ vulgarisation de la loi -Les insuffisances de cette loi notamment aux articles 20, 21, etc.

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202)

**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)

203)

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

-Elaboration de texte d'application en cours -Mise en œuvre d'un programme par le MBDHP

204)

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

-insuffisance de la décentralisation des services de défense des droits

**Page 103**

205)

**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)

206)

**Comments and examples:**

-L'action gouvernementale est soutenue par les interventions de la société civile -La société civile participe aux cadres de concertations, d'orientation et donne son avis

**Page 104**

207)

## 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)

208)

### Comments and examples:

Ils ont apporté leurs contributions dans les travaux des comités sectoriels et dans les plénières. Tous les rapports adoptés ont été validés par les représentants. Ils ont été véritablement impliqués dans tout le processus.

## Page 105

209)

**a. the national AIDS strategy?**

5 (5)

210)

**b. the national AIDS budget?**

3 (3)

211)

**c. national AIDS reports?**

3 (3)

212)

### Comments and examples:

Toutes les interventions de la société civile ne sont pas capitalisées dans les rapports nationaux

## Page 106

213)

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

4 (4)

214)

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

3 (3)

215)

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

2 (2)

216)

**Comments and examples:**

-L'organisation de la collecte des données au niveau local est insuffisante ne permettant pas une compilation complète des données -Les ressources allouées à cette activité aussi sont insuffisantes

**Page 107**217) **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)?**

5 (5)

218)

**Comments and examples:**

La majorité des couches est prise en compte dans les efforts de lutte contre le VIH/SIDA

**Page 108**

219)

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

2 (2)

220)

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

4 (4)

221)

**Comments and examples:**

L'appui financier de la société civile se réduit chaque année

**Page 109**222) **Part B, Section II. CIVIL SOCIETY PARTICIPATION****7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?**

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

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223)

**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)

224)

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

-Une grande représentativité de la société civile dans les instances nationales de décision et d'orientation. -Engagement de la société civile dans les initiatives en direction des groupes cibles spécifiques -Création de cadres de fédération (URCB, CORAB, etc.) -Mise en place d'une plate forme de la société civile

225)

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

-Insuffisance de personnel technique dans les structures de prise en charge des associations -Insuffisance de ressources financières -Insuffisance de documentation sur les bonnes pratiques

**Page 111**

226)

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

Yes (0)

**Page 112**

227)

**Part B, Section III: PREVENTION**

**Question 1 (continued)****IF YES, how were these specific needs determined?**

Une analyse situationnelle à travers la revue à mi parcours du CSLS

228)

**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  | Agree       |
| Reproductive health services including sexually transmitted infections prevention and treatment | Agree       |
| School-based HIV education for young people   | Don't agree |
| HIV prevention for out-of-school young people   | Don't agree |
| HIV prevention in the workplace   | Agree       |
| Autres: insérer   |             |

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229)

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

7 (7)

230)

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

-Promotion du CDV ciblé -Prise en compte des MSM -Elaboration d'une stratégie nationale de communication -Elaboration d'un plan de renforcement des capacités des structures décentralisées

231)

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

-Prévention chez les MSM et les UDI -Opérationnalisation de la stratégie nationale de

communication

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232)

**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)

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233)

**Part B, Section IV: TREATMENT, CARE AND SUPPORT****Question 1 (continued)**

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

A travers la revue à mi parcours du cadre stratégique

234)

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

The majority of people in need  
have access

**HIV treatment, care and support service**

|   |             |
|---|-------------|
| Antiretroviral therapy  | Agree       |
| Nutritional care  | Don't agree |
| Paediatric AIDS treatment   | Don't 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  | Agree       |
| TB preventive therapy for HIV-infected people   | Agree       |
| TB infection control in HIV treatment and care facilities                                   | Agree       |
| Cotrimoxazole prophylaxis in HIV-infected people  | Agree       |
| Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)                        | Agree       |
| HIV treatment services in the workplace or treatment referral systems through the workplace | Agree       |
| HIV care and support in the workplace (including alternative working arrangements)          | Agree       |
| Autres: insérer   |             |

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235)

**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?**

8 (8)

236)

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

Décentralisation de la prise en charge par les ARV

237)

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

-Insuffisance de la prise en charge pédiatrique -Inaccessibilité financière du bilan biologique -  
Insuffisance de l'appui nutritionnel

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238)

**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?**

Yes (0)

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239)

**Part B, Section IV: TREATMENT, CARE AND SUPPORT****2.1 IF YES, is there an operational definition for orphans and vulnerable children in the country?**

Yes (0)

240)

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

Yes (0)

241)

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

Yes (0)

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242)

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

**Question 2.3 (continued)**

**IF YES, what percentage of orphans and vulnerable children is being reached?**

Please enter the percentage (0-100)

65

243)

**Overall, how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2009?**

6 (6)

244)

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

-Elaboration d'un plan opérationnel du cadre stratégique -Réalisation d'une étude d'évaluation des besoins -Rencontre entre le Ministère de l'action sociale et la société civile -Mis en place d'une Task force

245)

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

-Insuffisance des ressources financières -Insuffisance de l'organisation et de la gestion des besoins des OEV -Insuffisance de la coordination des interventions en faveur des OEV au niveau régional