

Gambia Report NCPI

NCPI Header

COUNTRY

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

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Describe the process used for NCPI data gathering and validation:

The NCPI document was sent to all the stakeholders to complete individually. Thereafter a one-day workshop to discuss the NCPI was conducted. Groups were formed during the workshop to discuss the NCPI and complete it.

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

During the group works disagreements were discussed and consultations held to arrive at a consensus on what score to allocate to each item.

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

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

Organization	Names/Positions	A.I	A.II	A.III	A.IV	A.V	A.VI
National Youth Council	Abdoulie Fye	Yes	Yes	Yes	Yes	Yes	Yes
National AIDS Secretariat	Kebba Jome	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Foreign Affairs	Hamba Manneh	Yes	Yes	Yes	Yes	Yes	Yes
Gambia Police Force	Sarjo Jawara	Yes	Yes	Yes	Yes	Yes	Yes
Gambia Fire and Rescue Service	Alhagi Mboob	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Health and Social Welfare	Haddy Jagne	Yes	Yes	Yes	Yes	Yes	Yes
National AIDS Secretariat	Saikuna Sagnia	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Health and Social Welfare	Sanna Jarju	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Health and Social Welfare	Mbinki Sanneh	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Health and Social Welfare	Halimatou Jesuorobo	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Interior	Oumie Kalsum Chan	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Tourism and Culture	Ndey Fatou Jobe Sanyang	Yes	Yes	Yes	Yes	Yes	Yes

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

Organization	Names/Positions	B.I	B.II	B.III	B.IV	B.V
CCM Executive Secretariat	Alagie Nyangado	Yes	Yes	Yes	Yes	Yes
UCC	Nuha Ceesay	Yes	Yes	Yes	Yes	Yes
Santa Yalla Support Society	Lamin M. Ceesay, President	Yes	Yes	Yes	Yes	Yes
ActionAid International	Dawda Joof	Yes	Yes	Yes	Yes	Yes
Regional AIDS Coordinator	Ousman Sowe	Yes	Yes	Yes	Yes	Yes

A - 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

IF YES, what was the period covered:

2009-2014

IF YES, briefly describe key developments/modifications between the current national strategy and the prior one.

IF NO or NOT APPLICABLE, briefly explain why.:

1st National Strategic Plan was developed for 2003-2008. It was reviewed in 2008 and a new NSP developed for 2009-2014

1.1 Which government ministries or agencies

Name of government ministries or agencies [write in]:

National AIDS Secretariat, Ministry of Health & Social Welfare, Ministry of Basic & Secondary Education, Ministry of the Interior, Ministry of Youths and Sports, UN Agencies, Ministry of Foreign Affairs, Ministry of Local Government & Lands, Ministry of Tourism & Culture, Ministry of Justice, Ministry of Agriculture, Ministry of Defence

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

SECTORS

Included in Strategy Earmarked Budget

Yes	Yes
Yes	Yes
-	No
Yes	No
No	No
Yes	No
Yes	No

Other [write in]:

-

IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specific activities?:

They receive funding from UN Agencies and other donors such Defence HIV/AIDS Prevention Programme (USA)

1.3. Does the multisectoral strategy address the following key populations, settings and cross-cutting issues?

Men who have sex with men:

Yes

Migrants/mobile populations:

Yes

Orphans and other vulnerable children:

Yes

People with disabilities:

Yes

People who inject drugs:

Yes

Sex workers:

Yes

Transgendered people:

-

Women and girls:

Yes

Young women/young men:

Yes

Other specific vulnerable subpopulations:

-

Prisons:

Yes

Schools:

Yes

Workplace:

Yes

Addressing stigma and discrimination:

Yes

Gender empowerment and/or gender equality:

Yes

HIV and poverty:

Yes

Human rights protection:

Yes

Involvement of people living with HIV:

Yes

IF NO, explain how key populations were identified?:

1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country [write in]?:

Sex Workers, Commercial Vehicle Drivers, Uniformed Personnel, Fisherfolk, MSM, "Bumstars"

1.5. Does the multisectoral strategy include an operational plan?: Yes

1.6. 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 implementation?:

Yes

e) A monitoring and evaluation framework?:

Yes

1.7

1.7. Has the country ensured "full involvement and participation" of civil society in the development of the multisectoral strategy?:

Active involvement

IF ACTIVE INVOLVEMENT, briefly explain how this was organised:

They participated in the review of the old NSP and in the planning, preparation and validation of the new NSP, as well as in the implementation process.

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

Yes

1.9

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

Yes, all partners

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

2.1. IF YES, is support for HIV integrated in the following specific development plans?

Common Country Assessment/UN Development Assistance Framework:

Yes

National Development Plan:

Yes

Poverty Reduction Strategy:

Yes

Sector-wide approach:

Yes

Other [write in]:

-

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

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

Treatment, care, and support (including social security or other schemes):

Yes

Women's economic empowerment (e.g. access to credit, access to land, training):

Yes

Other[write in below]:

-

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

No

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

5. Has the country followed up on commitments made in the 2011 Political Declaration on HIV/AIDS?:

Yes

5.1. Have the national strategy and national HIV budget been revised accordingly?:

No

5.2. 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

5.3. Is HIV programme coverage being monitored?:

Yes

5.3

(a) IF YES, is coverage monitored by sex (male, female)?:

Yes

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

Yes

IF YES, for which population groups?:

-

Briefly explain how this information is used:

-

(c) Is coverage monitored by geographical area:

Yes

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

-

Briefly explain how this information is used:

-

5.4. Has the country developed a plan to strengthen health systems?:

Yes

Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications:

It has increased the human resource base and this has improved service delivery

6. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate strategy planning efforts in the HIV programmes in 2011?:

9

Since 2009, what have been key achievements in this area:

The revitalization of the regional HIV/AIDS structures, clear strategic directions and priority areas captured, increased service uptake (VCT, PMTCT & ART), wider stakeholder participation in the implementation of HIV programmes

What challenges remain in this area:

Stigma and Discrimination, sustainable and insufficient funding, limited access to HIV services, inadequate equipment, reagents and medical supplies, weak Health Management Information System, inappropriate and inadequate infrastructure, limited human resources.

A - II. POLITICAL SUPPORT AND LEADERSHIP

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

A. Government ministers:

Yes

B. Other high officials at sub-national level:

Yes

1.1

(For example, promised more resources to rectify identified weaknesses in the HIV response, spoke of HIV as a human rights issue in a major domestic/international forum, and such activities as visiting an HIV clinic, etc.):

Yes

Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership:

Statements delivered by the Minister of Health & Social Welfare and Regional Governors on global health events such World AIDS Day, Blood Donor Day, World TB Day, etc. Also, the pronouncement made by the First Lady during the launching of the PMTCT Scale-up strategy

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

Yes

2.1. IF YES, does the national multisectoral HIV coordination body

Have terms of reference?:

Yes

Have active government leadership and participation?:

Yes

Have an official chair person?:

Yes

IF YES, what is his/her name and position title?:

HE The President of The Republic

Have a defined membership?:

Yes

IF YES, how many members?:

34

Include civil society representatives?:

Yes

IF YES, how many?:

9

Include people living with HIV?:

Yes

IF YES, how many?:

1

Include the private sector?:

Yes

Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?:

Yes

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

IF YES, briefly describe the main achievements:

-

What challenges remain in this area:

Difficulty in translation of commitments/plan to actions, partners not meeting reporting obligations.

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

-

5.

Capacity-building:

Yes

Coordination with other implementing partners:

Yes

Information on priority needs:

Yes

Procurement and distribution of medications or other supplies:

Yes

Technical guidance:

Yes

Other [write in below]:

-

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

Yes

6.1. IF YES, were policies and laws amended to be consistent with the National HIV Control policies?:

No

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the political support for the HIV programme in 2011?:

7

Since 2009, what have been key achievements in this area:

Inclusion of HIV issues in the Programme for Accelerated Growth and Employment (PAGE) and policy documents, providing funding for HIV programmes.

What challenges remain in this area:

Low government funding, ratification of the HIV Prevention and Control Bill

A - III. HUMAN RIGHTS

1.1

People living with HIV:

No

Men who have sex with men:

No

Migrants/mobile populations:

No

Orphans and other vulnerable children:

No

People with disabilities:

No

People who inject drugs:

No

Prison inmates:

No

Sex workers:

No

Transgendered people:

No

Women and girls:

No

Young women/young men:

No

Other specific vulnerable subpopulations [write in]:

-

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:

Yes

IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws:

Section 33 of the Constitution of The Gambia - Protection from Discrimination

Briefly explain what mechanisms are in place to ensure these laws are implemented:

The existence of the law enforcement agencies and the judiciary

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

-

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:

No

IF YES, for which subpopulations?

People living with HIV:

-

Men who have sex with men:

-

Migrants/mobile populations:

-

Orphans and other vulnerable children:

- **People with disabilities:**
- **People who inject drugs :**
- **Prison inmates:**
- **Sex workers:**
- **Transgendered people:**
- **Women and girls:**
- **Young women/young men:**
- **Other specific vulnerable subpopulations [write in below]:**
-

Briefly describe the content of these laws, regulations or policies:

Briefly comment on how they pose barriers:

A - IV. PREVENTION

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

Yes

IF YES, what key messages are explicitly promoted?

Abstain from injecting drugs:

Yes

Avoid commercial sex:

Yes

Avoid inter-generational sex:

Yes

Be faithful:

Yes

Be sexually abstinent:

Yes

Delay sexual debut:

Yes

Engage in safe(r) sex:

Yes

Fight against violence against women:

Yes

Greater acceptance and involvement of people living with HIV:

Yes

Greater involvement of men in reproductive health programmes:

Yes

Know your HIV status:

Yes

Males to get circumcised under medical supervision:

Yes

Prevent mother-to-child transmission of HIV:

Yes

Promote greater equality between men and women:

Yes

Reduce the number of sexual partners:

Yes

Use clean needles and syringes:

Yes

Use condoms consistently:

Yes

Other [write in below]:

-

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

Yes

2. Does the country have a policy or strategy to promote life-skills based HIV education for young people?:

Yes

2.1. Is HIV education part of the curriculum in

Primary schools?:

Yes

Secondary schools?:

Yes

Teacher training?:

Yes

2.2. Does the strategy include age-appropriate, gender-sensitive sexual and reproductive health elements?:

Yes

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

Yes

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

No

Briefly describe the content of this policy or strategy:

-

3.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate policy efforts in support of HIV prevention in 2011?:

9

Since 2009, what have been key achievements in this area:

Greater involvement of PLHIVs, increased uptake of VCT, PMTCT and ART services.

What challenges remain in this area:

Low level of awareness, denial of HIV status, stigma and discrimination.

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

Yes

IF YES, how were these specific needs determined?:

Through wider stake holder consultations, periodic assessments, monitoring reviews and studies.

4.1. To what extent has HIV prevention been implemented?

Blood safety:

Agree

Condom promotion:

Strongly Agree

Harm reduction for people who inject drugs:

Strongly Disagree

HIV prevention for out-of-school young people:

Agree

HIV prevention in the workplace:

Disagree

HIV testing and counseling:

Strongly Agree

IEC on risk reduction:

Disagree

IEC on stigma and discrimination reduction:

Agree

Prevention of mother-to-child transmission of HIV:

Agree

Prevention for people living with HIV:

Strongly Agree

Reproductive health services including sexually transmitted infections prevention and treatment:

Agree

Risk reduction for intimate partners of key populations:

Strongly Disagree

Risk reduction for men who have sex with men:

Strongly Disagree

Risk reduction for sex workers:

Agree

School-based HIV education for young people:

Agree

Universal precautions in health care settings:

Agree

Other[write in]:

-

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in implementation of HIV prevention programmes in 2011?:

8

A - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?:

Yes

If YES, Briefly identify the elements and what has been prioritized:

VCT, PMTCT, Clinical care, ART services, STIs, Home Based Care including OVCs, PLHV services

Briefly identify how HIV treatment, care and support services are being scaled-up?:

Expansion to new sites, training of health workers, procurement of materials and equipment

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

Antiretroviral therapy:

Strongly Agree

ART for TB patients:

Agree

Cotrimoxazole prophylaxis in people living with HIV:

Strongly Agree

Early infant diagnosis:

Strongly Disagree

HIV care and support in the workplace (including alternative working arrangements):

Disagree

HIV testing and counselling for people with TB:

Strongly Agree

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

Strongly Disagree

Nutritional care:

Agree

Paediatric AIDS treatment:

Agree

Post-delivery ART provision to women:

Agree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):

Agree

Post-exposure prophylaxis for occupational exposures to HIV:

Agree

Psychosocial support for people living with HIV and their families:

Agree

Sexually transmitted infection management:

Agree

TB infection control in HIV treatment and care facilities:

Agree

TB preventive therapy for people living with HIV:

Strongly Agree

TB screening for people living with HIV:

Strongly Agree

Treatment of common HIV-related infections:

Strongly Agree

Other [write in]:

-

2. Does the government have a policy or strategy in place to provide social and economic support to people infected/affected by HIV?:

Yes

Please clarify which social and economic support is provided:

Nutritional, educational, financial, health care services, income generation activities.

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

No

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

No

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2011?:

8

Since 2009, what have been key achievements in this area:

Increased uptake of HIV services, increased financial resources, capacity building, expansion of SDAs

What challenges remain in this area:

Disclosure, stigma and discrimination, sustainable funding

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

Yes

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

-

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

-

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

-

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

-

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?:

6

Since 2009, what have been key achievements in this area:

Identification of orphans and vulnerable children, provision of support (nutrition, education, health care, some shelter)

What challenges remain in this area:

Inadequate resources to cater for their individual specific needs. Limited access (coverage) to services for OVC.

A - VI. MONITORING AND EVALUATION

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

Yes

Briefly describe any challenges in development or implementation:

Partners not fulfilling reporting obligations (data) Inadequate capacity in M&E Inadequate knowledge in understanding indicator definitions

1.1 IF YES, years covered:

2009-2014

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

Yes, all partners

Briefly describe what the issues are:

-

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy:

Yes

Behavioural surveys:

Yes

Evaluation / research studies:

Yes

HIV Drug resistance surveillance:

Yes

HIV surveillance:

Yes

Routine programme monitoring:

Yes

A data analysis strategy:

Yes

A data dissemination and use strategy:

Yes

A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate):

Yes

Guidelines on tools for data collection:

Yes

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

Yes

3.1. IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities? :

7%

4. Is there a functional national M&E Unit?:

Yes

Briefly describe any obstacles:

Inadequate M&E capacity at national and regional levels. Inadequate funding to carry out population based HIV surveys

4.1. Where is the national M&E Unit based? _____

In the Ministry of Health?:
No

In the National HIV Commission (or equivalent)?:
Yes

Elsewhere [write in]?:
-

Permanent Staff [Add as many as needed] _____

POSITION [write in position titles in spaces below]	Fulltime	Part time	Since when?
Permanent staff	4	-	2007

Temporary Staff [Add as many as needed] _____

POSITION [write in position titles in spaces below]	Fulltime	Part time	Since when?
-	-	-	-

4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?:

Yes

Briefly describe the data-sharing mechanisms:

NAS reports monthly and quarterly GFATM HIV/AIDS project progress to stakeholders locally and externally and provides feedback to the sub-recipients, A feedback process is encouraged through the NAS for information to be shared at all levels with project managers, data collectors and beneficiaries such as the PLHIVs. On a quarterly basis, NAS organises a meeting to review performance reporting on outcome and output indicators based on information gathered from routine monitoring.

What are the major challenges in this area:

Late compilation and submission of monthly reporting forms; Staff turnover, inadequate training of staff related to reporting and analysis data for action

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

Yes

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

Yes

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

A monthly basis primary data to the NAS M&E team. This data is compiled, analysed and stored, and the findings are reported by NAS. A computer based information system using ACCESS has been set up to store quantitative data. For more detailed statistical analysis, SPSS or STATA is used. In view of frequent power interruptions, a manual archiving system has been developed to store reports received from the implementing units, data collected during data audit/verification exercises and the findings of special studies.

6.1. IF YES, does it include information about the content, key populations and geographical coverage of HIV services, as well as their implementing organizations?:

Yes, all of the above

6.2. Is there a functional Health Information System? _____

At national level:
Yes

At subnational level:
Yes

IF YES, at what level(s)?:
Regional Health Management Teams

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

No

8. How are M&E data used? _____

For programme improvement?:
Yes

In developing / revising the national HIV response?:

Yes

For resource allocation?:

Yes

Other [write in]:

-

Briefly provide specific examples of how M&E data are used, and the main challenges, if any:

The Monitoring Unit works with the sub-recipients to report on the core indicators. The Monitoring Unit receives the reports from the sub-recipients. The data collected from each sub-recipient is compiled, aggregated and analysed for each objective by the Monitoring Unit. However detailed analyses, based on institutional targets are disaggregated by sub-recipients on a quarterly basis to better track performance and identify localised issues. The data generated has helped the program to re-strategise their intervention areas e.g. from based to outreach VCT services; and smentoring of staff at ART centres to be able to present PLHIVs to start on ART

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

At national level?:

No

At subnational level?:

Yes

IF YES, what was the number trained:

-

At service delivery level including civil society?:

Yes

IF YES, how many?:

-

9.1. Were other M&E capacity-building activities conducted` other than training?:

Yes

IF YES, describe what types of activities:

-

10. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the HIV-related monitoring and evaluation (M&E) in 2011?:

7

Since 2009, what have been key achievements in this area:

Standardize reporting for all partners, conducted key studies to measure progress e.g. sentinel surveillance, MARPs study including military.

What challenges remain in this area:

Inadequate capacity especially at regional level, inadequate funds,

B - I. CIVIL SOCIETY INVOLVEMENT

1. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?:

4

Comments and examples:

High CSO involvement at all levels in the National response ranging from the council to CCM. CSO (e.g NASO, GAMNASS & PLHIV groups) has been conducting advocacy meetings and are members of the CCM, Council and Regional AIDS Committees.

2. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") 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

Comments and examples:

Has been highly involved in the development of the NSF, review of the global fund proposal Round 8 and the development of the second phase. They also served as PR for HIV Round 8 and TB Round 9. They also participate actively in the development and validation of national policies, development plans and strategies

3.

a. The national HIV strategy?:

5

b. The national HIV budget?:

-

c. The national HIV reports?:

5

Comments and examples:

6 out of the 10 are run by civil society There is need for advocacy to increase the national budget towards providing hiv services

4.

a. Developing the national M&E plan?:

4

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

:

-

c. Participate in using data for decision-making?:

3

Comments and examples:

Civil society are involved in every national planning and implementation structures and committees (CMM, Regional AIDS Committee, MERG and the CCM Oversight Committee)

5. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, and faith-based organizations)?:

5

Comments and examples:

Currently the Chairman of the CCM and CCM oversight committee. Key populations and high risk groups are represented at the CCM.

6. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society able to access

a. Adequate financial support to implement its HIV activities?:

3

b. Adequate technical support to implement its HIV activities?:

4

Comments and examples:

-

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

People living with HIV:

>75%

Men who have sex with men:

25-50%

People who inject drugs:

<25%

Sex workers:

>75%

Transgendered people:

<25%

Testing and Counselling:

25-50%

Reduction of Stigma and Discrimination:

51-75%

Clinical services (ART/OI)*:

25-50%

Home-based care:

51-75%

Programmes for OVC:**

51-75%

8. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts to increase civil society participation in 2011?:

8

Since 2009, what have been key achievements in this area:

Increased allocation of financial allocation to CSO. Increased opportunity for decision making with the CCM inadequate resources, capacity and coordination and Regional AIDS Committees.

What challenges remain in this area:

Inadequate resources, capacity and coordination

B - II. POLITICAL SUPPORT AND LEADERSHIP

1. Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?:

Yes

IF YES, describe some examples of when and how this has happened:

PLHIV and key population groups participated in the design, review and implementation of the NSF and the GFATM grant.

B - III. HUMAN RIGHTS

1.1.

People living with HIV:

Yes

Men who have sex with men:

No

Migrants/mobile populations:

Yes

Orphans and other vulnerable children:

Yes

People with disabilities:

Yes

People who inject drugs:

No

Prison inmates:

Yes

Sex workers:

No

Transgendered people:

No

Women and girls:

Yes

Young women/young men:

Yes

Other specific vulnerable subpopulations [write in]:

-

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:

Yes

If YES to Question 1.1 or 1.2, briefly describe the contents of these laws:

The Constitution of the Gambia (Section 33 1997) offers protection from discrimination

Briefly explain what mechanisms are in place to ensure that these laws are implemented:

General advocacy of the PLHIV and the CSO acting as a pressure group and provides shadow reports on the universal declaration of Human Rights

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

Enforcement to larger extent is a challenge, Traditional, cultural values and beliefs inhibits reporting from one level to another

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:

Yes

2.1. IF YES, for which sub-populations?

People living with HIV:

No

Men who have sex with men:

Yes

Migrants/mobile populations:

No

Orphans and other vulnerable children:

No

People with disabilities:

No

People who inject drugs:

Yes

Prison inmates:

No

Sex workers:

Yes

Transgendered people:

Yes

Women and girls:

No

Young women/young men:

No

Other specific vulnerable subpopulations [write in]:

-

Briefly describe the content of these laws, regulations or policies:

Injection drug use, same sex relations are prohibited by law and by Gambian traditional and beliefs

Briefly comment on how they pose barriers:

Hampers Universal access to services increase higher risk of HIV infection (e.g. Sex workers constantly raided). Disclosure and visibility becomes a challenge because people fear being stigmatized and discriminated

3. Does the country have a policy, law or regulation to reduce violence against women, including for example, victims of sexual assault or women living with HIV?:

Yes

Briefly describe the content of the policy, law or regulation and the populations included:

The national Women's Act, violence against women bill and Sexual offences Act have prohibits all forms of sexual violence woman e.g. rape is punishable with a death sentence.

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

Yes

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

-

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

No

6. Does the country have a policy or strategy of free services for the following?

Provided free-of-charge to all people in the country	Provided free-of-charge to some people in the country	Provided, but only at a cost
Yes	-	-
Yes	-	-
Yes	-	-

If applicable, which populations have been identified as priority, and for which services?:

Key and high risk population as priority groups under prevention services.

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

Yes

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

Yes

8. Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?:

Yes

IF YES, Briefly describe the content of this policy/strategy and the populations included:

-

8.1

8.1. IF YES, does this policy/strategy include different types of approaches to ensure equal access for different key populations and/or other vulnerable sub-populations?:

Yes

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

-

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

Yes

IF YES, briefly describe the content of the policy or law:

-

10. Does the country have the following human rights monitoring and enforcement mechanisms?

a. 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

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

Yes

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

11. In the last 2 years, have there been the following training and/or capacity-building activities

a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)?:

Yes

b. Programmes for members of the judiciary and law enforcement on HIV and human rights issues that may come up in the context of their work?:

Yes

12. Are the following legal support services available in the country?

a. Legal aid systems for HIV casework:

No

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

Yes

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

Yes

IF YES, what types of programmes?

Programmes for health care workers:

Yes

Programmes for the media:

Yes

Programmes in the work place:

Yes

Other [write in]:

-

14. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2011?:

8

Since 2009, what have been key achievements in this area:

The country has drafted the HIV specific bill, sexual offenses Act, Gender violence Act and Women's Act

What challenges remain in this area:

Enforcement remains a major challenge, stigma and discrimination. As for the HIV specific bill the only problem is to maintain the momentum to enact the bill.

15. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the effort to implement human rights related policies, laws and regulations in 2011?:

4

Since 2009, what have been key achievements in this area:

Capacity building and advocacy being provide to uniformed personnel and national assembly members.

What challenges remain in this area:

Enactment of the laws and bills. Inadequate capacity and commitments.

B - IV. PREVENTION

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

Yes

IF YES, how were these specific needs determined?:

Through studies, routine data collection and monitoring routine programme implementation

1.1 To what extent has HIV prevention been implemented?

Blood safety:

Agree

Condom promotion:

Agree

Harm reduction for people who inject drugs:

Strongly Agree

HIV prevention for out-of-school young people:

Strongly Agree

HIV prevention in the workplace:

Agree

HIV testing and counseling:

Strongly Agree

IEC on risk reduction:

Strongly Agree

IEC on stigma and discrimination reduction:

Strongly Agree

Prevention of mother-to-child transmission of HIV:

Strongly Agree

Prevention for people living with HIV:

Agree

Reproductive health services including sexually transmitted infections prevention and treatment:

Agree

Risk reduction for intimate partners of key populations:

Agree

Risk reduction for men who have sex with men:

Disagree

Risk reduction for sex workers:

Agree

School-based HIV education for young people:

Strongly Agree

Universal precautions in health care settings:

Strongly Agree

Other [write in]:

-

2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV prevention programmes in 2011?:

9

Since 2009, what have been key achievements in this area:

There has been increased visibility of media messages (in form of sign posts) on HIV&AIDS located in strategic positions within the country. Equally, posters and handbills as well as fez caps and t-shirts were produced and distributed. Posters and handbills were also produced in the major languages to ensure that as many people as possible are reached. There are also radio programmes including live discussion programmes, phone-in programmes and talk-shows on HIV&AIDS issues. The community outreach activities include sensitization, advocacy and community mobilization. Strategies employed include: • Participatory approaches such as the as stepping stones; STAR, "Jakarlo" and "Kabilo" approaches for community mobilization • Exploiting events, festivals and youth occasions to spread the message • Increased involvement of the private sector. • Engagement of traditional and religious leaders and other 'gatekeepers' e.g. opinion leader • Strengthening of life skills HIV&AIDS programmes in schools. • Support for girls and women's empowerment to strengthen HIV prevention The participatory approaches are self-empowering and have proved to be very effective and largely responsible for the near achievement of the target set. This is because it empowers the community to continually think about the issues of HIV&AIDS and other related issues while at the same time thinking about the solutions within their own reach before seeking external help. It builds the confidence of the community to solve its own problems. Some of the MARPS notably sex workers were trained during the period as peer educators and the target was surpassed mainly due to appropriate targeting and methods for targeting. Discussions tend to suggest that most of the sex workers are the brothel-based ones. The distribution of condoms is being handled by the Gambia Family Planning Association (GFPA) with very rich experience in condom distribution for sexual reproductive health (SRH) and family planning. It has well defined and enduring distribution channels right from the national level to the community level.

What challenges remain in this area:

Inadequate resources and capacity, especially at the community level

B - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV and AIDS treatment, care and support services?:

Yes

IF YES, Briefly identify the elements and what has been prioritized:

The country has protocols for HIV counseling and testing, manuals for PMTCT, ART and training and mentoring of health workers. The involvement of PLHIVs on counseling and testing and home based care. HIV/TB collaboration policy.

Briefly identify how HIV treatment, care and support services are being scaled-up?:

Expansion of ART centres, the mentoring team that regularly go out to the centres.

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

Antiretroviral therapy:

Agree

ART for TB patients:

Agree

Cotrimoxazole prophylaxis in people living with HIV:

Strongly Agree

Early infant diagnosis:

Strongly Disagree

HIV care and support in the workplace (including alternative working arrangements):

Disagree

HIV testing and counselling for people with TB:

Strongly Agree

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

Disagree

Nutritional care:

Agree

Paediatric AIDS treatment:

Disagree

Post-delivery ART provision to women:

Agree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):

Agree

Post-exposure prophylaxis for occupational exposures to HIV:

Agree

Psychosocial support for people living with HIV and their families:

Strongly Agree

Sexually transmitted infection management:

Agree

TB infection control in HIV treatment and care facilities:

Agree

TB preventive therapy for people living with HIV:

Disagree

TB screening for people living with HIV:

Strongly Agree

Treatment of common HIV-related infections:

Strongly Agree

Other [write in]:

-

1.2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2011?:

8

Since 2009, what have been key achievements in this area:

Training of health care providers. Review of the treatment manual to take into consideration of the new WHO treatment guidelines. Mentoring programme to support the ART sites

What challenges remain in this area:

Geographical coverage, staff retention and expansion of ART sites remains a challenge, resources, paediatric ART is still a challenge, database development.

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

Yes

2.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?:

Yes

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

Yes

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

Yes

2.4. IF YES, what percentage of orphans and vulnerable children is being reached? :

40%

3. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?:

8

Since 2009, what have been key achievements in this area:

Training of health care providers. Review of the treatment manual to take into consideration the new WHO treatment guidelines. Mentoring programme to support the ART sites

What challenges remain in this area:

Geographical coverage, staff retention and expansion of ART sites remains a challenge, resources, paediatric ART is still a challenge, database development

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