

## Swaziland 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:

Data was collected from the government and civil society through face to face interviews using the pre-designed questionnaires. Respondents included high ranking officials and policy makers from both sectors and were chosen based on their knowledge of the areas covered in the questionnaires. From the government five out of eight interviews were granted. The respondents came from from NERCHA, Ministry of Health, PSHACC, HIV Portfolio committee in Parliament and Ministry of Justice. They were interviewed in six areas which were: Strategic plan, political support and leadership, Human Rights, Prevention, treatment, care, and support and Monitoring and evaluation. In the civil society data was collected from local organizations and international partners including the United Nations. The organizations were CANGO, UNAIDS, PEPFAR, FLAS, SWAGAA, SWANNEPHA, World Health Organization (WHO). The questionnaire for this section covered five areas namely: civil society involvement, political support and leadership, Human Rights, Prevention, treatment, care, and support. The total number of filled questionnaire was six. The data was coded and analyzed manually by a national independent consultant. To further verify the data an international consultant cross checked the analyzed information with the records from the interviews. The findings were presented at a national stakeholders' workshop for further validation by partners.

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

Further consultation with stakeholders and a desk review of available evidence was used to resolve conflicting response.

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

The data collection method being structured interviews where clarity of questions were sought, misinterpretation was unlikely but informants responded based on the knowledge, understanding and perception of the particular question.

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

| Organization   | Names/Positions                             | A.I | A.II | A.III | A.IV | A.V | A.VI |
|--|---|-----|------|-------|------|-----|------|
| Ministry of Health   | Steven Shongwe/ Principal Secretary         | Yes | Yes  | Yes   | Yes  | Yes | Yes  |
| Parliament Portfolio Committee on HIV and AIDS             | Hon. Mduduzi Mabuza/ Chairperson            | Yes | Yes  | Yes   | Yes  | Yes | Yes  |
| Public Sector HIV and AIDS Coordinating Committee (PSHACC) | Mr R Phungwayo/ Director                    | Yes | Yes  | Yes   | Yes  | Yes | Yes  |
| National Emergency Response Council on HIV/AIDS (NERCHA)   | Dr. Derek von Wissell/ National Director    | Yes | Yes  | Yes   | Yes  | Yes | Yes  |
| Ministry of Justice and Constitutional Affairs             | Mr. Majahenkhamba Dlamini/ Attorney General | Yes | Yes  | Yes   | No   | No  | No   |

#### 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 |
|--------------|--|-----|------|-------|------|-----|
| UNAIDS       | Dr. Sophia Mukasa/ Country Coordinator | Yes | Yes  | Yes   | Yes  | Yes |

Mr. Emmanuel

|   |                                       |     |     |     |     |     |
|---|---------------------------------------|-----|-----|-----|-----|-----|
| Coordinating Assembly of NGOs (CANGO)                                     | Mr. Emmanuel Ndlangamandla            | Yes | Yes | Yes | Yes | Yes |
| Swaziland National Network of people living with HIV and AIDS (SWANNEPHA) | Ms. Thembi Nkambule                   | Yes | Yes | Yes | Yes | Yes |
| World Health Organization (WHO)   | Dr. Owen Kaluwa                       | Yes | Yes | Yes | Yes | Yes |
| Family Life Association of Swaziland (FLAS)                               | Ms. Dudu Simelane/ Director           | Yes | Yes | Yes | Yes | Yes |
| Swaziland Action Group against Abuse (SWAGAA)                             | Ms. Cebile Manzini- Henwood/ Director | Yes | Yes | Yes | Yes | Yes |
| PEPFAR  | Mr. Christopher Detweiler             | No  | No  | No  | Yes | No  |

## 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.:**

- The National strategic framework is results based with clear baselines data and targets - Brought on board all stakeholders in the development and implementation process

1.1 Which government ministries or agencies

**Name of government ministries or agencies [write in]:**

NERCHA, Ministry of Health, Prime Minister's Office, Ministry of Tinkhundla, Administration and Development (MTAD)

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 | - |
| Yes | - |
| Yes | - |
| -   | - |

**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?:**

-

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

**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

**Sex workers:**

Yes

**Transgendered people:**

No  
**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]?:**

- Migrant population -Youth girls and women - Disabled people - People Living with AIDS -Pregnant women

**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:**  
 -Participation and involvement of civil society in planning, policy formulation processes and coordination mechanisms and being sub recipient of GFATM -Highly represented on national committees e.g. National council and Country Coordinating Mechanism (CCM) -Regular participation national organized reviews, forums and capacity building interventions

**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?:

Yes  
3.1. IF YES, on a scale of 0 to 5 (where 0 is "Low" and 5 is "High"), to what extent has the evaluation informed resource allocation decisions?:

2  
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?:

Yes  
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?:**  
- People aged 15- 24, 15- 49 and children below 15 years - Commercial sex workers - Orphans and other vulnerable children -Married people -Pregnant women  
**Briefly explain how this information is used:**  
- Information is used for planning, budgeting, implementation and determining HIV incidences and prevalent rates. - Create awareness on issues e.g. circumcision, condom use  
(c) Is coverage monitored by geographical area:  
Yes  
**IF YES, at which geographical levels (provincial, district, other)?:**  
-National , Regional, Chieftancy level, towns and rural area  
**Briefly explain how this information is used:**  
-Used for planning, allocation of resources, determining need and distribution of services and monitoring of programmes

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:

- Supported structural development for example, expansion of health facilities; ART, PMTCT and laboratory services through the implementation of decentralization strategy - Increased human resource capacity e.g. deployment of pharmacists at regional level and engagement of more doctors and nurses - Procurement of medical supplies, in 2011 the country never experienced drug stock outs - Strengthened data collection processes

**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?:**

8

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

- Scaling up national interventions in ART, PMTCT, male circumcision, TB, laboratory and HTC services - Expansion of health infrastructural including laboratory facilities - Operationalizing National Strategic Framework and its M&E framework - Identification of human resource needs and conducting capacity building initiatives to improve service delivery - Increase human resources for health

**What challenges remain in this area:**

- Inadequate capacity of the human resources in planning and costing - Limited funding for programmes as a result of national and international economic crisis - Unreliable human resources, the skilled human resources are donor funded and provide short term services - Government policy of Zero growth prohibiting Human resource recruitment leading to shortage of employee

## 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:**

- Launching of the national male circumcision campaign and openly encouraging people to go for HIV testing and adherence to ART by His Majesty King Mswati III - Declaration of TB as a national emergency by the PM -Official opening of TB and HIV wing at Nhlanguano Health Centre by His Majesty King Mswati III

**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?:**

Chief Ndabankulu Simelane

**Have a defined membership?:**

Yes

**IF YES, how many members?:**

17

**Include civil society representatives?:**

Yes

**IF YES, how many?:**

8

**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:**  
The government, civil society and private sector interact regularly through the Swaziland HIV/AIDS Partnership Forum. HIV was part of the agenda in the National Smart Partnership dialogues.

**What challenges remain in this area:**

- Limited Funding - Weak coordination among the stakeholders and duty bearers, these result into limited participation of other actors.

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

0%

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?:**

Yes

**IF YES, name and describe how the policies / laws were amended:**

- Employment Act added a clause on non-discrimination at workplace. - Public workplace policy - HIV prevention policy - Stigma and discrimination policy - Sexual abuse and domestic violence Bill was passed in Parliament

**Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies:**

Grey areas in criminalization of transmission of infection e.g. people who rape children especially by people who are HIV positive.

**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?:**

8

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

- Allocation of government resources to finance all national ART program activities - High level involvement of national leaders in the HIV response activities for example His Majesty King Mswati III launched the national male circumcision campaign

**What challenges remain in this area:**

- Inadequate knowledge about HIV impact among politicians makes them fail to give it the priority it deserves. - Inadequate laws and regulations to criminalize rape and incest in case there HIV transmission - Financial crisis leading to reduced budget allocations leading to shortage of skilled human resources in specialized medical professionals e.g. laboratory pharmacy technician.

## A - 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:**

No

**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 content of the/laws:**

- Constitution of the Kingdom of Swaziland provides rights for all people. - Girls and women's Acts protect girls and women from sexual abuse

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

- Social Welfare Department - Human rights commission - Police Service and Prosecutors' Office - Ministry of Youth and Culture - Gender desk in the Deputy Prime Minister's Office

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

There has been some progress but some of the mechanisms are relatively new and are still experiencing teething problems i.e. Human Rights Commission and the Gender Desk

**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?:**

-

IF YES, for which subpopulations?

**People living with HIV:**

Yes

**Men who have sex with men:**

No

**Migrants/mobile populations:**

Yes

**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:**

-

**Young women/young men:**

-

**Other specific vulnerable subpopulations [write in below]:**

-

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

- Laws that criminalize activities practiced by the key populations i.e.sex workers, men who have sex with men and injecting drug users.

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

- These groups cannot access specialized services as a result of the criminalization of their activities. HIV service providers cannot openly provide their services to them. - Sex workers are not protected and they are abused by their customers because industry is illegal and if found they are arrested. - Current laws prevent access of these groups to preventive services.

## 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?:**

Yes

**Briefly describe the content of this policy or strategy:**

- The prevention policy covers all population groups and provides a guide on how to communicate to the different population groups.

3.1. IF YES, which populations and what elements of HIV prevention does the policy/strategy address?



| IDU | MSM | Sex workers | Customers of Sex Workers | Prison inmates | Other populations |
|-----|-----|-------------|--------------------------|----------------|-------------------|
| No  | No  | Yes         | Yes                      | No             | -                 |
| No  | No  | No          | No                       | No             | -                 |
| No  | No  | Yes         | Yes                      | Yes            | -                 |
| Yes | No  | No          | No                       | No             | -                 |
| No  | No  | Yes         | No                       | Yes            | -                 |
| No  | No  | No          | Yes                      | Yes            | -                 |
| No  | No  | No          | Yes                      | Yes            | -                 |
| No  | No  | No          | Yes                      | Yes            | -                 |

**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?:**

6

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

- PMTCT scale up and increased service up take to more than 90% in 2010 - Developed and implemented Youth, inmates prevention programmes - Scale up TB and HIV co infection services - Development of HIV prevention policy due for approval by cabinet - The development and implementation of the SBCC strategy. - Establishment of national HIV Information Centre

**What challenges remain in this area:**

- Limited individual responsibility to take up available HIV prevention services . The preventive strategies have not yielded intended results wanted - Delayed approval of the HIV prevention policy - Insufficient budget for prevention programs - Weak coordination of donors and civil society leading to duplication of efforts and poor utilization of scarce resources HIV testing

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

Yes

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

- Surveys - Service availability through mapping by region to identify needs on yearly basis - Sentinel surveillance studies - Special research studies

4.1. To what extent has HIV prevention been implemented?

**Blood safety:**

Strongly Agree

**Condom promotion:**

Strongly Agree

**Harm reduction for people who inject drugs:**

Disagree

**HIV prevention for out-of-school young people:**

Disagree

**HIV prevention in the workplace:**

Strongly 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:**

Strongly Agree

**Reproductive health services including sexually transmitted infections prevention and treatment:**

Strongly Agree

**Risk reduction for intimate partners of key populations:**

Disagree

**Risk reduction for men who have sex with men:**

Disagree

**Risk reduction for sex workers:**

Disagree

**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?:

7

## 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:**

- PMTCT - HCT - Pre ART and ART - Economic and Social support to people affected by HIV - Procurement of drugs and equipment - Recruitment of human resources. - Support for PLWA support groups

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

- Use of WHO revised guidelines e.g. provision of ART to patients with <350 CD4 cell count instead of <200 - Roll out of the decentralization strategy i.e. provision of services by lower level facilities (Health centres and clinics in addition to hospitals) - Roll out of nurse initiated ART which previously was initiated by doctors.

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

**Antiretroviral therapy:**

Strongly Agree

**ART for TB patients:**

Strongly Agree

**Cotrimoxazole prophylaxis in people living with HIV:**

Strongly Agree

**Early infant diagnosis:**

Strongly Agree

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

Strongly Agree

**HIV testing and counselling for people with TB:**

Strongly Agree

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

Agree

**Nutritional care:**

Agree

**Paediatric AIDS treatment:**

Strongly Agree

**Post-delivery ART provision to women:**

Strongly Agree

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

Strongly 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:**

Strongly Agree

**TB infection control in HIV treatment and care facilities:**

Strongly Agree

**TB preventive therapy for people living with HIV:**

Agree

**TB screening for people living with HIV:**

Strongly Agree

**Treatment of common HIV-related infections:**

-

**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:**

- Provision social protection grants to the elderly and OVC - National school feeding program . - Distribution of food donations to PLWA with special needs.

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

Yes

**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?:**

Yes

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

- All health products including ARVs and condoms

**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?:**

9

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

- Decentralization of ART services - Consistence in ARVs supplies as result no drug stock outs were reported in 2011 - Psychosocial support has been encouraged by government. - Decentralization of ART including improved laboratory test or services

**What challenges remain in this area:**

- Weak supply chain management system to effectively determine the distribution schedules of ARVs - Shortage of human resource like doctors nurses , pharmacist and lab technicians - Inaccessibility to HIV services to people living far from health centres

**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?:**

Yes

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

Yes

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

Yes

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

65%

**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?:**

7

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

- Free primary education - Expansion of neighborhood care point (NCPs) to meet nutritional and educational needs of OVC

**What challenges remain in this area:**

- Lack of a holistic program that address OVC concerns/needs - Limited funding for the school feeding and other education needs (uniforms, books)

## 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:**

- Inadequate integration of M&E activities into the planning cycle - Low levels of reporting - Lack of appreciation of M&E benefits - Inadequate capacity and skills of the Human Resources in M&E

**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, some partners

**Briefly describe what the issues are:**

- Lack of the appreciation of M&E in the overall designing and programming - Difficulty in aligning funder M&E requirements with national requirements

**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? :**

5%

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

Yes

**Briefly describe any obstacles:**

- Lack of technical Capacity at all levels among human resources to analyze and use data - Inadequate funding for M& E activities

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

**In the Ministry of Health?:**

Yes

**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?**

| POSITION [write in position titles in spaces below] | Fulltime | Part time | Since when?  |
|---|----------|-----------|--------------|
| M&E Coordinator                                     | Yes      | -         | August 2009  |
| SHAPMoS Manager                                     | Yes      | -         | March 2009   |
| M&E Officer   | Yes      | -         | January 2009 |
| M&E Officer   | Yes      | -         | January 2011 |

Temporary Staff [Add as many as needed]

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

| 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:**

SHAPMoS through which all implementing partners report to the national system on a quarterly basis

**What are the major challenges in this area:**

- Human Resources - Financing - Low reporting rate of implementing partners

**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.:**

CRIS database managed by the NERCHA IT

**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)?:**

-

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

Yes

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:**

- Used to inform the development of NSF - Used to scale up HIV services and adaption of the decentralization approach - Used for budgeting, decision making and programming Challenges include: -Inadequate data validation - Limited feedback

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

**At national level?:**

Yes

**IF YES, what was the number trained:**

-

**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:**

-On going mentorship sessions after the trainings

**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:**

- Capacity building - Revision of the indicators and alignment with NSF and new reporting tools were developed

**What challenges remain in this area:**

- Low reporting rates from implementing partners and lack of trained M&E experts - Unreliable supply of data collection tools to different stakeholders who collect data

## 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?:**

2

**Comments and examples:**

-There is politically supportive environment for civil society engagement with government in policy and plan formulation but this is negated by the tendency of civil society not to speak as a unit but present organizational views in these forums. - PLHIV are most vocal and actively participate in these forums.

**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:**

-There is active involvement of civil society in national planning, policy formulation and technical working committees along the HIV thematic areas for example NGOs, FBOs and the private sector have representation in the committees coordinating the response. -The development of the National Strategic Framework was highly consultative with civil society playing a leading role.

3.

**a. The national HIV strategy?:**

4

**b. The national HIV budget?:**

3

**c. The national HIV reports?:**

4

**Comments and examples:**

The national strategy recognizes all parties providing services but the work of the civil society at community level is not captured. This leads to the national reports missing information on the work conducted at the community level because the monitoring and evaluation system is aligned to the national strategic framework. There is inclination of the report towards showing clinical based services which are mainly provided by the government.

4.

**a. Developing the national M&E plan?:**

3

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

:

3

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

3

**Comments and examples:**

- Highly participative in national M&E plan and strategy development processes - Civil Society are part of the national M&E TWG - Participate in data collection processes and use for planning and decision making but there is need for capacity building to improve on the utilization of M&E.

**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)?:**

4

**Comments and examples:**

Civil Society representation on the national committees is broad based including Faith Based Organization and PLWHA. There is however minimal representation of key populations i.e. sex workers, men who have sex with men and injecting drug users (as a result of the legal environment)

**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?:**

2

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

1

**Comments and examples:**

Support for HIV services has gone down. The country is undergoing a fiscal crisis that has limited the amount of resources dedicated to responding to HIV. Fewer organizations are able to access funds from the government and this is further exacerbated by dwindling levels of external support in recent times. Global Fund resources reach only a few organizations.

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

**People living with HIV:**

51-75%

**Men who have sex with men:**

25-50%

**People who inject drugs:**

25-50%

**Sex workers:**

25-50%

**Transgendered people:**

25-50%

**Testing and Counselling:**

51-75%

**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?:**

6

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

- Representation of Civil Society at national committees for example CCM, national council and national technical working groups for HIV across the thematic areas
- Capacity building in HIV management, monitoring and evaluation among others
- Created a policy and supportive environment to provide information, care for vulnerable groups
- Enhance participation in national strategic planning and policy formulation

**What challenges remain in this area:**

- Competition among civil society organizations
- Resource constraints
- Poor legislative environment
- Poor relationship between civil society and government

## **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:**

- National strategic framework and M&E development processes
- Resource mobilization e.g. GFATM proposal development process
- Financial and technical support to networks of PLHIV by the Ministry of Health and NERCHA
- Involvement of network of PLHIV in ART to ensure drug adherence

## **B - III. HUMAN RIGHTS**

1.1.

**People living with HIV:**

Yes

**Men who have sex with men:**

No

**Migrants/mobile populations:**

No

**Orphans and other vulnerable children:**

Yes

**People with disabilities:**

Yes

**People who inject drugs:**

No

**Prison inmates:**

No

**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:**

There various laws and acts, the constitution has clauses prohibiting • Human trafficking • Sexual abuse

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

Institutions like the Human Rights Commission, Ministry of Justice, DPM's Office, police and prosecutors are mandated to ensure the laws are implemented accordingly.

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

Some are well advanced but there are some like the Human Rights Commission that are still new and need to be strengthened.

**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:**

Yes

**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:**

-

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

Overall the existing laws criminalize sexual workers, IDUs and MSM activities as such prevent these populations from access to preventive services.

**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 policy exist but its outdated, the Domestic and Sexual Offences Bill has been passed in Parliament but now waiting for the King's accent to make it to a law. The Gender Policy also safeguards against such.

**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:**

The human rights based approaches to service provision are articulated in the HIV policy

**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?:**

Yes

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

Institutions such as the Human Rights Commission and WLSA are well placed to address such issues.

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

| <b>Provided free-of-charge to all people in the country</b> | <b>Provided free-of-charge to some people in the country</b> | <b>Provided, but only at a cost</b> |
|---|--|-------------------------------------|
| Yes   | -  | -                                   |
| Yes   | -  | -                                   |
| Yes   | -  | -                                   |

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

• Young people for prevention services • PLWA for ART services and home based care • People in steady couples for Prevention services • OVC for social protection and education support • Pregnant women for PMTCT services. • Elderly and people with disability access to care and support

**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?:**

No

**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:**

-Employment Act - HIV Policy - ILO Labour laws

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:**

No

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

- Human Rights Commission

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:**

No

**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?:**

5

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

• Passing of Gender policy in 2010 and Children's Act In 2010 • Domestic violence and Sexual Offences Bill

**What challenges remain in this area:**

• Slow operationalization of the laws and policies • Government delayed domestication of international protocols, guidelines and frameworks

**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:**

• Establishment of Gender, disability and children units in government ministries • Increased advocacy campaigns for male circumcision including involvement of political leaders • Increase HIV service delivery using the decentralization strategy

**What challenges remain in this area:**

- Lack understanding of human rights - Absence of legislation that will fully operationalise the Human Rights Commission - Legal status of women

## **B - IV. PREVENTION**

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

Yes

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

- Mode of transmission study - Through research, programme reviews and during development of National Strategic Framework, Social and Behavior Change Communication Strategy

1.1 To what extent has HIV prevention been implemented?

**Blood safety:**

Strongly Agree

**Condom promotion:**

Agree

**Harm reduction for people who inject drugs:**

Strongly Disagree

**HIV prevention for out-of-school young people:**

Agree

**HIV prevention in the workplace:**

Agree

**HIV testing and counseling:**

Agree

**IEC on risk reduction:**

Agree

**IEC on stigma and discrimination reduction:**

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:**

Disagree

**Risk reduction for men who have sex with men:**

Disagree

**Risk reduction for sex workers:**

Disagree

**School-based HIV education for young people:**

Agree

**Universal precautions in health care settings:**

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?:

5

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

- SBCC Campaigns increase coverage and increase in condom distribution - Implementation of national male circumcision campaign - Scale up of PMTCT services to over 80% coverage - Scale up VCT services - Reduction of HIV infection among 15-19 year old by 20% - Reduction of new infection among newborn babies from 17% to below 5%

**What challenges remain in this area:**

- Key populations do not have access to specialized services - Demand for male circumcision remain low despite concerted efforts to encourage take up of services - Poor mother follow-up for mother-baby pairs for early infant diagnosis - Limited uptake of services by males

## 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:**

- HIV testing - ART - TB and HIV co-infection

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

- Decentralization of services and having outreach to clinics - Task shifting of service provision from exclusively doctors to include nurses. Nurses can now initiate ART.

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 Agree

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

Strongly Agree

**HIV testing and counselling for people with TB:**

Strongly Agree

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

Strongly Agree

**Nutritional care:**

Agree

**Paediatric AIDS treatment:**

Agree

**Post-delivery ART provision to women:**

Strongly 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:**

Disagree

**Sexually transmitted infection management:**

Strongly 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]:**

-

**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?:**

6

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

- Decentralization of services - Task shifting of ART initiatives - Establishment of Ministry of Health Regional clinical mentor teams - Sample transport system - Roll out of ART programme using CD4 count <350 from <200

**What challenges remain in this area:**

- Quality assurance - Medication and laboratory chain - Follow up of cases as patients get lost to treatment and cannot be traced - Distance to health facility to get services - Stigma attached to taking ARVs - Insufficient nutritional support for ART patients

**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? :**

90%

**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:**

- Increase in coverage of neighbourhood care points - Free education Programme

**What challenges remain in this area:**

- Duplication of services and competition among organizations for scarce resources - Sustainability of interventions

Source URL: <http://aidsreportingtool.unaids.org/182/swaziland-report-ncpi>