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UNODC

Custom analysis extract of:

UNGASS - National Composite Policy Index (NCPI) 2007

Eastern Europe and Central Asia

Russian Federation

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Russian Federation

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Date of submission:

01.02.2008

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Name/Position

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P>Respondents to Part A
[indicate which parts each respondent was queried on]

Organisation

A I / A.II / A.III / A.III / A.IV / A.V

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Name/Position

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P>Respondents to Part A
A.I / A.II / A.III / A.III / A.IV / A.V

Organisation

was queried on]

Page 1

[indicate which parts each respondent

:	Organisation	Đ	Á	Á
:	Name/Position	Á ÉÁ ÉÁ Ð	Á	Á
:	Respondents to Part A [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.I'	V / A.V	
:	Organisation	Á Á	Ë ÁÁ	Á
:	Name/Position	ÁÈÈÁ	Á	
:	Respondents to Part A [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.I	V / A.V	
:	Organisation	Á Á Á Á	Á Á Á Á	Á Á
:	Name/Position	Á ÉÁ ÉÁ ÁÁ	Á	Á
:	Respondents to Part A [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.I'	V / A.V	
:	Organisation	Ŕ	Á Á	Ø
:	Name/Position	Á ÈÁ ÈÁ Á		Á
:	Respondents to Part A [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.I'	V / A.V	
:	Organisation	Á Á Á	Á Á Á	Á Á Á Ø
:	Name/Position	ÁÉÁÉÁ		Á
:	Respondents to Part A [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.I	V / A.V	
:	Organisation	Á Ð	,	Á Á
:	Name/Position	Á Á	ÊÁ	
:	Respondents to Part B [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.I'	V	
:	Organisation	Á	ÉÁ	Á
:	Name/Position	Ð Á Á	ÊÁ	

:	Respondents to Part B [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	ÁR Á ÉÁ Á ø
:	Name/Position	Á Ê Á
:	Respondents to Part B [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	Á Á Ê ÁÁ Á Ð
:	Name/Position	Á ÉÁ
:	Respondents to Part B [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	ÁRÍ Á Á ÉRÁÁ Á ÉL ÁÁ ÉRÁH
:	Name/Position	Á ÉÁ Á Á Á
:	Respondents to Part B [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	Á Á É ÁÁ Á Á Á Á Á ÉÁ Á Ð Ø
:	Name/Position	Á ÉÁ
:	Respondents to Part B [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	Á O Á Á ØÊÁ ÁÁ Á
:	Name/Position	Á ÉÁ
:	Respondents to Part B [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
Position:		Á Á
Position:	Full time/Part time	Full time
Position:	Since when?	1990
Position:		
Position:	Full time/Part time	Full time

Position: Since when? 2005

Position: Á Á Á

Position: Full time/Part time Full time
Position: Since when? 2005

Position: Á Á

Position: Full time/Part time Full time
Position: Since when? 2006
Position: Á

Position: Full time/Part time Full time
Position: Since when? 2006

1. Has the country developed a national multisectoral strategy/action framework to combat AIDS?

Yes

IF YES, period covered:

2007-2011

1.1 How long has the country had a multisectoral strategy/action framework?

10

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

Health: Strategy/Action framework Yes Health:
b>Earmarked budget Yes Education: Strategy/Action framework Yes Education: Yes
b>Earmarked budget Labour: Strategy/Action framework Yes Labour: Earmarked budget Nο Strategy/Action framework Nο Transportation: Transportation: Earmarked budget No Military/Police: Strategy/Action framework Yes Military/Police: Yes
b>Earmarked budget Women: Strategy/Action framework Yes Women: Earmarked budget Yes Young people: Strategy/Action framework Yes Earmarked budget Yes Young people: Agriculture: Strategy/Action framework No No Agriculture: Earmarked budget Finance: Strategy/Action framework Yes Finance: Earmarked budget Yes

IF NO earmarked budget, how is the money allocated?

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1.3 Does the multisectoral strategy/action framework address the following target populations, settings and cross-cutting issues?

a. Women and girls:	Yes
b. Young women/young men:	Yes
c. Specific vulnerable sub-populations [3] :	Yes
d. Orphans and other vulnerable children:	Yes
e. Workplace:	Yes
f. Schools:	Yes
g. Prisons:	Yes
h. HIV, AIDS and poverty:	Yes
i. Human rights protection:	Yes
j. Involvement of people living with HIV:	Yes
k. Addressing stigma and discrimination:	Yes
I. Gender empowerment and/or gender equality:	Yes

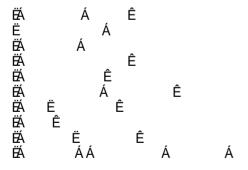
1.4 Were target populations identified through a process of a needs assessment or needs analysis?

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IF YES, when was this needs assessment /analysis conducted? Year:

2007

1.5 What are the target populations in the country?



1.6 Does the multisectoral strategy/action framework include an operational plan?

1.7 Does the multisectoral strategy/action framework or operational plan include:

a. Formal programme goals?:

b. Clear targets and/or milestones?:

c. Detailed budget of costs per yes programmatic area?:

d. Indications of funding sources?:

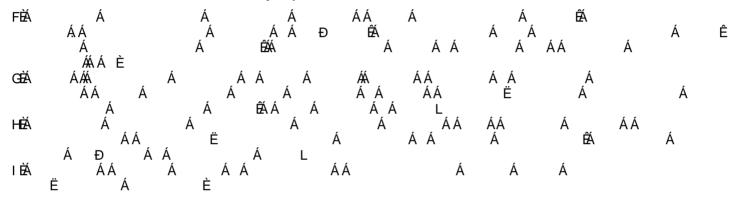
e. Monitoring and Evaluation yes framework?:

1.8 Has the country ensured "full involvement and participation" of civil society[4] in the development

of the multisectoral strategy/action framework?

Moderate involvement

IF NO or MODERATE involvement, briefly explain:



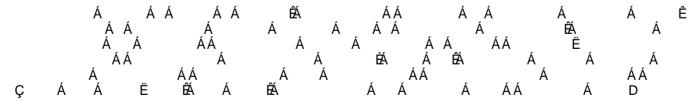
1.9 Has the multisectoral strategy/action framework been endorsed by most external Development Partners (bi-laterals; multi-laterals)?

Yes

1.10 Have external Development Partners (bi-laterals; multi-laterals) aligned and harmonized their HIV and AIDS programmes to the national multisectoral strategy/action framework?

Yes, some partners

IF SOME or NO, briefly explain



- 2. Has the country integrated HIV and AIDS into its general development plans such as:
- a) National Development Plans,
- b) Common Country Assessments/United Nations Development Assistance Framework,
- c) Poverty Reduction Strategy Papers,
- d) Sector Wide Approach?

2.1 IF YES, in which development plans is policy support for HIV and AIDS integrated?	
a) National Development Plans:	
b) Common Country Assessments/United Nations	

- Development Assistance Framework: c) Poverty Reduction Strategy Papers:
- d) Sector Wide Approach:
- e) Other::

2.2 IF YES, which policy areas below are included in these development plans?

HIV Prevention:	Development Plans	a) / b) / c) / d) / e)
Treatment for opportunistic infections:	Development Plans	a) / b) / d)
Antiretroviral therapy:	Development Plans	a) / b) / c) / d)
Care and support (including social security or other schemes):	Development Plans	a) / b) / c) / d)
AIDS impact alleviation:	Development Plans	a) / b) / c) / d)
Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support:	Development Plans	a) / b)
Reduction of income inequalities as they relate to HIV prevention/ treatment, care and /or support:	<bs></bs> <bs></bs> 	a) / b)
Reduction of stigma and discrimination	: Development Plans	a) / b) / c) / d)
Women's economic empowerment (e.g. access to credit, access to land, training):	Development Plans	b)
Uc@o⊹kK Á Á Á	Development Plans	a) / c)

3. Has the country evaluated the impact of HIV and AIDS on its socio-economic development for planning purposes?

Yes

3.1 IF YES, to what extent has it informed resource allocation decisions?

4

4. Does the country have a strategy/action framework for addressing HIV and AIDS issues among its national uniformed services such as military, police, peacekeepers, prison staff, etc? Yes

4.1 IF YES reach a sign								nted be	eyond the	pilot st	age to	
Behavioura	al change o	commun	ication:						Yes			
Condom provision :									Yes			
HIV testing	and coun	selling(*)):						Yes			
STI service	es :								Yes			
Treatment	:								Yes			
Care and s	support :								Yes			
the approa	ach taken tary or ma	? andatory	(e.g. at er	nrolmen	it)? Brie	fly exp	lain:				pilot stage	
Á	ÁÁ Á Á	Á	Á Á Á Á	Á ÁÁ	Á Á Á	Á Á	ÁÁ ÁÁ Á	Á ÉÁÁ	ÁÁ ÉÁ ÁÁ	ÁÁ Á	Á ÁÁ ÉÁ	É
Review in Yes	June 200	6?									e High-Lev	
	e Nationa	l Strateg	jic Plan/op	eration	al plan a	and nat	ional All	DS bud	dget been	revised	d according	gly?
Yes												
5.2 Have t Yes	he estima	tes of th	e size of t	he main	n target	popula	tion sub	-group	s been u	pdated?	•	
5.3 Are the antiretrov	iral therap	y?	•	rojected	d future	needs	of the nu	ımber	of adults	and chi	ldren requ	iring
5.4 Is HIV Yes	and AIDS	progran	nme cover	age bei	ing mon	itored?	•					
(a) IF YES Yes	, is covera	age mon	itored by	sex (ma	le, fema	le)?						
(b) IF YES Yes	, is covera	age mon	itored by	populat	ion sub-	-group	s?					
IF YES, wi	hich popu	lation s	ub-groups	?								
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(c) IF YES Yes	, is covera	age mon	itored by	geograp	ohical ar	ea?						

IF YES	s, at whic	h levels (բ	provincial, d	listri	ct, othe	er)?								
Á	Á Á	Á	,	Á Á	Á		Á	ÊÁ	ÁÁ	Á	Á	Á	ÁÁ	
			eloped a pla					tems	, incl	udi	ng infrastr	ucture, h	uman resou	rces
Yes														
	ll, how wo		rate strategy	/ pla	nning e	efforts in	the HI	V and	d AID	S p	rogramme	es		
2007:											9			
2005:											7			
Comm	ents on p	orogress	made in stra	ategy	/ plann	ing effor	rts sinc	e 200)5:					
FÈ	Á ÁÁGE	ÂÁÁ ÁÁ	Á ÁG€€ Á Á	Á	K ÁÁ	Á	ÁÁ	Á	. ,		Á	ÁÁG€Á Á,,Ð	DÁÁ ÁÁ	
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domes	stic fora a		k publicly anice a year?	nd fa	vourab	oly about	t AIDS (effort	ts in	maj	or Yes			
Other I	high officia	als:									Yes			
Other of districts		regions a	nd/or								Yes			
			e an officiall on body? (N								s			
2.1 IF 3	YES, whe	en was it o	created? Yea	ar:										
2.2 IF `	YES, who	is the Ch	nair?											
Name:											,	ÁÈÈ		
Title/Fu	unction:										Á	١		

2.3 IF YES, does it:

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

(*) If it does include civil society representatives, what percentage?

30%

3. Does the country have a national AIDS body or other mechanism that promotes interaction between government, people living with HIV, civil society and the private sector for implementing HIV and AIDS strategies/programmes?

Yes

3.1 IF YES, does it include?

Terms of reference :	Yes
Defined membership :	Yes
Action plan :	Yes
Functional Secretariat :	Yes
Regular meetings (*):	Yes

(*)If it does include regular meetings, what is the frequency of the meetings:

IF YES, What are the main achievements?

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4. What percentage of the national HIV and AIDS budget was spent on activities implemented by civil society in the past year? 9%

5. What kind of support does the NAC (or equivalent) provide to implementing partners of the national programme, particularly to civil society organizations?

Information on priority needs and services :	Yes
Technical guidance/materials:	Yes
Drugs/supplies procurement and distribution :	Yes
Coordination with other implementing partners :	Yes
Capacity-building:	Yes

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

Yes

6.1 IF YES, were policies and legislation amended to be consistent with the National AIDS Control policies?

6.2 IF YES, which policies and legisla		,	٥,					
:	Policy/Law	FÈ	ÊÁ	Δ	ÁÁ Á	ΣÁL-ÌΔ	ÁHEÌÈ	ı⊢Èı
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		_	Á		EA EÁ		Á	Á
		FGE						
	 Year	2006,2	2005					
:	Policy/Law	Œ	ÁR		Á ø			
:	Year	2006						
:	Policy/Law	HÈ		Á	,	Á		Á
	Year	2006, 2	2007					
Overall, how would you rate the polit in 2007 and in 2005?	ical support for the HIV and AIDS pro	gramme	es					
2007:		9						
2005:		4						
Does the country have a policy or education and communication (IEC) Yes								
1.1 IF YES, what key messages are e	xplicitly promoted?							
Be sexually abstinent:								
Delay sexual debut:								
Be faithful:								
Reduce the number of sexual partners:								
Use condoms consistently:								
Engage in safe(r) sex:								
Abstain from injecting drugs:								
Use clean needles and syringes:								
Fight against violence against women:								
Greater acceptance and involvement of people living with HIV:								
Greater involvement of men in reproductive health programmes:								
1.2 In the last year, did the country in	nplement an activity or programme to	promot	e acc	curate	:			

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

2.1 Is HIV education part of the curriculum in	
primary schools?:	No
secondary schools?:	Yes
teacher training?:	Yes
2.2 Does the strategy/curriculum provide the same repryoung men and young women? Yes	oductive and sexual health education for
2.3 Does the country have an HIV education strategy for Yes	r out-of-school young people?
3. Does the country have a policy or strategy to promote ducation and communication (IEC) and other preventivulnerable sub-populations? Yes	· · · · · · · · · · · · · · · · · · ·

2. Does the country have a policy or strategy promoting HIV-related reproductive and sexual health education for young people?

3.1 IF YES, which sub-populations and what elements of HIV prevention do the policy/strategy address? IDU Targeted information on risk reduction and HIV education: Targeted information on risk reduction **MSM** and HIV education: Sex workers Targeted information on risk reduction and HIV education: Targeted information on risk reduction Clients of sex workers and HIV education: Targeted information on risk reduction Prison inmates and HIV education: Targeted information on risk reduction Other sub-populations (*) and HIV education: Stigma & discrimination reduction: IDU **MSM** Stigma & discrimination reduction: Sex workers Stigma & discrimination reduction: Prison inmates Stigma & discrimination reduction: Stigma & discrimination reduction: Other sub-populations (*) Condom promotion: IDU Condom promotion: **MSM** Sex workers Condom promotion: Clients of sex workers Condom promotion: Prison inmates Condom promotion: Condom promotion: Other sub-populations (*) HIV testing & counselling: **IDU MSM** HIV testing & counselling: Sex workers HIV testing & counselling: Prison inmates HIV testing & counselling: HIV testing & counselling: Other sub-populations (*) Reproductive health, including STI **IDU** prevention & treatment: Reproductive health, including STI **MSM** prevention & treatment: Sex workers Reproductive health, including STI prevention & treatment: Prison inmates Reproductive health, including STI prevention & treatment: Reproductive health, including STI Other sub-populations (*) prevention & treatment: Needle & syringe exchange: **IDU** (*)If Other sub-populations, indicate which sub-populations

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Overall, how 2005?	would you ra	te polic	cy e	fforts in support	of HIV prevention	in 2007 and in
2007:						9
2005:						6
Comments of	on progress m	ade in	poli	cy efforts in sup	port of HIV prevent	tion since 2005:
Á	Á	Á	Á	Á		
				ricts (or equivale evention progra	ent geographical/ mmes?	
	hat extent hav stricts* in need		ollo	wing HIV preven	tion programmes b	een implemented in
Blood safety:				The activity	is available in	all districts* in need
Universal pre settings:	cautions in hea	alth care	Э	The activity	is available in	all districts* in need
Prevention of transmission	mother-to-child of HIV:	d		The activity	is available in	all districts* in need
IEC on risk re	eduction:			The activity	is available in	most districts* in need
IEC on stigma reduction:	a and discrimin	ation		The activity	is available in	all districts* in need
Condom pron	notion:			The activity	is available in	all districts* in need
HIV testing &	counselling:			The activity	is available in	all districts* in need
Harm reduction	on for injecting	drug us	sers	: The activity	is available in	most districts* in need
Risk reduction with men:	n for men who	have se	ex	The activity	is available in	most districts* in need
Risk reduction	n for sex worke	ers:		The activity	is available in	most districts* in need
Programmes subpopulation	for other vulne ns:	rable		The activity	is available in	most districts* in need
•	health service on & treatment:	s includ	ling	The activity	is available in	all districts* in need
School-based young people	d AIDS education:	on for		The activity	is available in	all districts* in need
people:	for out-of-scho	•	g	The activity	is available in	all districts* in need
HIV prevention	on in the workpl	lace:		The activity	is available in	some districts* in need
Uc@\KK				The activity	is available in	some districts* in need
	would you ra in 2007 and i			rts in the implem	entation of HIV pre	evention
2007:						8
2005:						5
2007:						5
2005:						5

Comments on progress made in the implementation of HIV prevention programmes since 2005:

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1. Does the country have a policy or strategy to promote comprehensive HIV treatment, care and support? (Comprehensive care includes, but is not limited to, treatment, HIV testing and counselling, psychosocial care, and home and community-based care).

Yes

1.1 IF YES, does it give sufficient attention to barriers for women, children and most-at-risk populations?

Yes

2. Has the country identified the districts (or equivalent geographical/decentralized level) in need of HIV and AIDS treatment, care and support services?

Yes

IF YES, to what extent have the following HIV and AIDS treatment, care and support services been implemented in the identified districts* in need?

Antiretroviral therapy:	The service is available in	all districts* in need
Nutritional care:	The service is available in	most districts* in need
Paediatric AIDS treatment:	The service is available in	all districts* in need
Sexually transmitted infection management:	The service is available in	all districts* in need
Psychosocial support for people living with HIV and their families:	 The service is available in	all districts* in need
Home-based care:	The service is available in	some districts* in need
Palliative care and treatment of common HIV-related infections:	 The service is available in	most districts* in need
HIV testing and counselling for TB patients:	 The service is available in	all districts* in need
TB screening for HIV-infected people:	The service is available in	all districts* in need
TB preventive therapy for HIV-infected people:	The service is available in	all districts* in need
TB infection control in HIV treatment and care facilities:	 The service is available in	all districts* in need
Cotrimoxazole prophylaxis in HIV-infected people:	 The service is available in	all districts* in need
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape):	 The service is available in	all districts* in need
HIV treatment services in the workplace or treatment referral systems through the workplace:	The service is available in	all districts* in need
HIV care and support in the workplace (including alternative working arrangements):	The service is available in	most districts* in need
Antiretroviral therapy:	 The service is available in	most districts* in need
Nutritional care:	 The service is available in	some districts* in need
Paediatric AIDS treatment:	 The service is available in	most districts* in need

Sexually transmitted infection management:	The service is available in	all districts* in need
Psychosocial support for people living with HIV and their families:	The service is available in	<bs></bs> b>some districts* in need
Home-based care:	The service is available in	some districts* in need
Palliative care and treatment of common HIV-related infections:	 The service is available in	<bs></bs> b>some districts* in need
HIV testing and counselling for TB patients:	 The service is available in	<bs></bs> b>some districts* in need
TB screening for HIV-infected people:	The service is available in	most districts* in need
TB preventive therapy for HIV-infected people:	The service is available in	most districts* in need
TB infection control in HIV treatment and care facilities:	The service is available in	<bs></bs> <bs></bs> b>most districts* in need
Cotrimoxazole prophylaxis in HIV-infected people:	 The service is available in	most districts* in need
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape):	 The service is available in	most districts* in need
HIV treatment services in the workplace or treatment referral systems through the workplace:	The service is available in	some districts* in need
HIV care and support in the workplace (including alternative working arrangements):	The service is available in	some districts* in need

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

Yes

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

Yes

4.1 IF YES, for which commodities?:

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5. Does the country have a policy or strategy to address the additional HIV- or AIDS-related needs of orphans and other vulnerable children (OVC)?

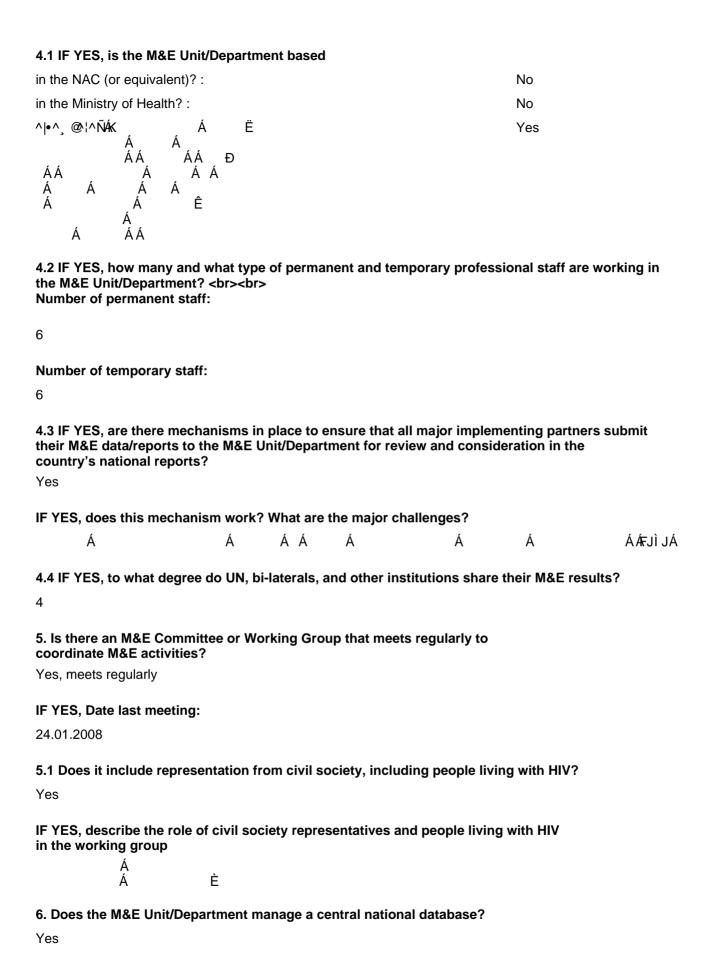
Yes

5.1 IF YES, is there an operational definition for OVC in the country?

Yes

5.2 IF YES, does the country have a national action plan specifically for OVC?

5.3 IF YES, do	oes the cou	ıntry have an e	estimate of	OVC being	reached by existing interventions?
Yes					
IF YES, what	percentage	e of OVC is be	ing reache	d?	
90%					
Overall, how vulnerable ch		rate the effort	s to meet t	he needs of	orphans and other
2007:					7
2005:					6
Comments or	n progress	made in effort	ts to meet	the needs of	OVC since 2005:
Á	Á	ÊÁ	Á	Á	
1. Does the c	ountry hav	e one national	Monitorin	g and Evalua	ation (M&E) plan?
In Progress					
IF YES, Years	covered:				
2006-2011					
2. Does the M	lonitoring a	and Evaluatior	ı plan inclu	ıde?	
a data collection	on and anal	ysis strategy:			Yes
behavioural su	ırveillance :				Yes
HIV surveillan	ce:				Yes
a well-defined indicators :	standardize	ed set of			Yes
guidelines on	tools for dat	a collection:			Yes
a strategy for a accuracy of da		uality and			Yes
a data dissem	ination and	use strategy:			Yes
3. Is there a b	udget for t	he M&E plan?			
Yes					
3.1 IF YES, ha	as funding	been secured	?		
Yes					
4. Is there a f	unctional N	/I&E Unit or De	partment?	•	
Yes					



6.1 IF YES	S, what ty	pe is it?									
Ç Á	D	Ë	Á	Á	ÁÁ	Ë	ÊÁ	Á	Á	Ë	
	6.2 IF YES, does it include information about the content, target populations and geographical coverage of programmatic activities, as well as their implementing organizations? Yes										
6.3 Is ther	e a funct	tional Health Ir	nformation S	System ((HIS)?						
National le	evel:						Ye	S			
Sub-nation	nal level (*):					Ye	s			
(*)If there	is a func	tional sub-nat	ional HIS, a	t what le	vel(s) do	oes it fu	inction?				
	ÊÁ	ÊÁ									
data?	the coun	try publish at l	east once a	year an	M&E re	port on	HIV, includ	ing HIV	surveil	lance	
Yes											
7. To wha	t extent a	are M&E data ι	used in plan	ning and	d implen	nentatio	n?				
4											
What are	example	s of data use?									
EXA EXA EX	Á ÁÁ ÁÁ	Á Á Á Á	È Á ÁÁÁ	È							
8. In the la	ast year,	was training ir	n M&E cond	ucted							
At nationa	l level? :						Ye	s			
At sub-nat	ional leve	el? :					Ye	S			
Including of	civil socie	ty?:					Ye	S			
Overall, h	ow would	d you rate the	M&E efforts	of the A	AIDS pro	gramm	e in 2007 ar	nd in			
2007:							7				
2005:							5				
Comment	s on pro	gress made in	M&E since	2005:							
FÈ	Á	ÁÁ	Á	Á	Á						
		ry have laws an									

or provisions that specifically mention HIV, focus on schooling, housing, employment, health care etc.)

1	.1	IF	YES.	spe	cifv
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	D							

2. Does the country have non-discrimination laws or regulations which specify protections for vulnerable sub-populations?

No

2.1 IF YES, for which sub-populations?

Women:	Yes
Young people :	Yes
IDU:	No
MSM:	No
Sex Workers :	No
Prison inmates :	Yes
Migrants/mobile populations :	Yes

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

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IF YES, Describe any systems of redress put in place to ensure the laws are having their desired effect:



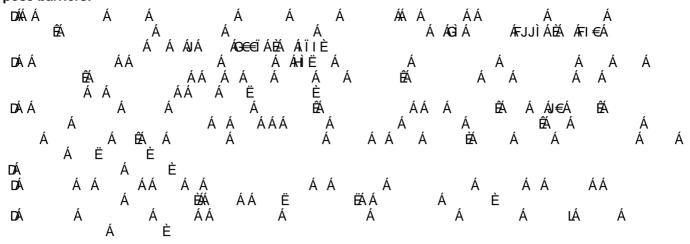
3. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for vulnerable sub-populations?

Yes

3.1 IF YES, for which sub-populations?

Women:	Yes
Young people :	Yes
IDU:	Yes
MSM:	No
Sex Workers:	No
Prison inmates :	No
Migrants/mobile populations :	Yes

IF YES, briefly describe the content of these laws, regulations or policies and how they pose barriers:



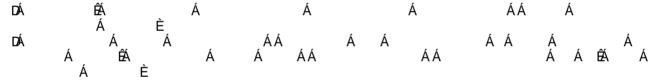
4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?

Yes

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

No

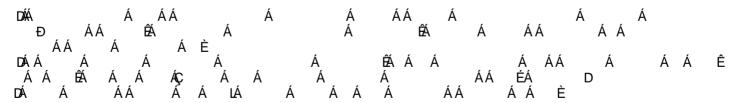
IF YES, briefly describe this mechanism



6. Has the Government, through political and financial support, involved most-at-risk populations in governmental HIV-policy design and programme implementation?

Yes

IF YES, describe some examples



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

HIV prevention services : Yes
Anti-retroviral treatment : Yes
HIV-related care and support Yes
interventions :

IF YES, given resource constraints, briefly describe what steps are in place to implement these policies:



8. Does the country have a policy to ensure equal access for women and men, to prevention, treatment, care and support? In particular, to ensure access for women outside the context of pregnancy and childbirth?

Yes

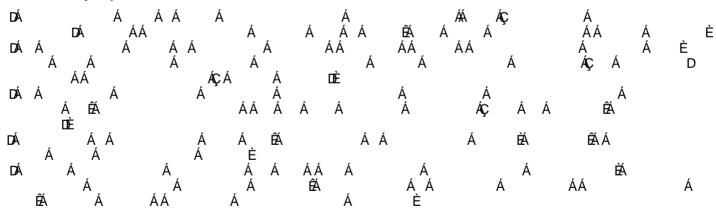
9. Does the country have a policy to ensure equal access for most-at-risk populations to prevention, treatment, care and support?

Yes

9.1 Are there differences in approaches for different most-at-risk populations?

Yes

IF YES, briefly explain the differences:



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

involvi		ıan sı	ubject	s ar									protocol nal/local	S						
Yes																				
IF YES	, descri	be th	e effe	ctiv	enes	s of	this	re۱	iew con	nmit	tee									
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	es the c				e fol	lowi	ng h	um	nan right	s mo	onito	oring	g and							
instituti protecti human commis ombud	ence of i ons for ion of hu rights c ssions, v sperson issues	the pruman ommi watches which	omotion rights ssions dogs, ch cor	on a , inc s, lav and nside	nd luding w refo	g orm								Ye	S					
health a monitor abuses	points vand other HIV-resand HIVs such a such a ment:	er dep lated V-rela	artme humar ted di	ents n rig scrir	to hts	ion								No	•					
benchn	rmance narks fo rights s efforts:	r com	plianc	e wi		ext								No)					
benchn	rmance narks fo stigma	r redu	ction	of H										No)					
IF YES	, on any	y of th	ne abo	ove	ques	tions	s, de	esc	ribe som	ne ex	kamı	ples	•							
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tribuna		n trai	ned/s	ens	itized	to F	HIV a	and					oyment ghts issu	ies						
14. Are	the fol	lowin	g lega	al sı	uppo	rt se	rvic	es a	available	in t	the c	oun	itry?							
Legal a	id syste ork:	ms fo	r HIV	and	AIDS	3								No)					
based or	sector I centres d-cost I vith HIV:	to pro egal s	vide f	ree (or .	,								Ye	S					
awaren	mmes to less am ncerning	ong p	eople	livin		h								Ye	S					

15. Are there programmes designed to change societal attitudes of stigmatization associated with HIV and AIDS to understanding and acceptance?	
Yes	
IF YES, what types of programmes?	
Media:	Yes
School education:	Yes
Personalities regularly speaking out :	No
Overall, how would you rate the policies, laws and regulations in place to protect human rights in relation to HIV and AIDS in 2007 and in 2005? 2007:	oromote and 6 4
Comments on progress made in promoting and protecting human rights in DÁ ÁÁDEEÍÁÁÁDEEÍÁÁÁÁÁÁÁÁÁÁÁÁÁÁÁÁÁÁÁÁÁÁÁ	relation to HIV and AIDS since 2005: Á ÉÁ ÁÁ
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ÁÁÁÁÁÁÁÁÉ DÁÁÁÁÁÍÁÁÁÁÁÁÁÁÁÁÁÁÁÁÁÁÁÁÁÁÁÁÁ	Á Á ÁÁ Á È Á Ë Á
Overall, how would you rate the effort to enforce the existing policies, laws	
regulations in relation to human rights and HIV and AIDS in 2007 and in 2007:	ນວ <i>າ</i> 7
2005:	3
Comments on progress made in enforcing existing policies, laws and regular HIV and AIDS since 2005:	lations in relation to human rights and
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1. To what extent has civil society contributed to strengthening the political commitment of top leaders and national policy formulation?	ıl
2. To what extent have civil society representatives been involved in the pl	anning

2. To what extent have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on AIDS or for the current activity plan (e.g. attending planning meetings and reviewing drafts)

2

3. To what extent are the services provided by civil society in areas of HIV prevention, treatment, care and support included
a. in both the National Strategic plans 4 and national reports?:
b. in the national budget?:
4. Has the country included civil society in a National Review of the National Strategic Plan? Yes
IF YES, when was the Review conducted? Year: 2007
5. To what extent is the civil society sector representation in HIV-related efforts inclusive of its diversity?
List the types of organizations representing civil society in HIV and AIDS efforts:
DÁ Á ÁÁ ÁÁ DÁ Á ÉÁ Á ÉÁ Á É DÁÁÉ Á ÉÁ ÉÁ ÉÁ É DÁË Á LÁÈ
6. To what extent is civil society able to access
a. adequate financial support to 2 implement its HIV activities?:
b. adequate technical support to 4 implement its HIV activities?:
Overall, how would you rate the efforts to increase civil society participation in 2007 and in 2005?
2007: 5
2005: 4
Comments on progress made in increasing civil society participation since 2005:
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DÁ Á Á Á Á Á Á DÉ DÉ DÉ DÉ Á Á Á Á DÉ DÉ Á<
1. Has the country identified the districts (or equivalent geographical/decentralized level) in need of HIV

prevention programmes?

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Identified districts in need? Blood safety: Sobortice Sobort			Å	Á	Å	ÁÇÁ ÉÁÁ	Á	Á		Á	Á	ÁÁ		Á	Á	Å	Á
Universal precautions in health care settings: Prevention of mother-to-child transmission of HIV: IEC on risk reduction: Condom promotion: Condom promotion: HIV testing & counselling: Harm reduction for men who have sex with them: Risk reduction for sex workers: Coshool-based AIDS education for young people: Programmes for out-of-school young people: Programmes for out-of-school young people: Programmes for out-of-school young people: Ab>The service is available in Ab>The service is available in Ab>The service is available in Ab>Some Ab>Some <td></td> <td></td> <td></td> <td></td> <td>the fol</td> <td>lowing HIV</td> <td>preve</td> <td>ntion </td> <td>orogram</td> <td>ımes b</td> <td>een</td> <td>imple</td> <td>emen</td> <td>ted i</td> <td>n</td> <td></td> <td></td>					the fol	lowing HIV	preve	ntion	orogram	ımes b	een	imple	emen	ted i	n		
Prevention of mother-to-child characteristics of HIV: IEC on risk reduction: characteristics of HIV: IEC on stigma and discrimination characteristics. Condom promotion: characteristics of HIV testing & counselling: characteristics of the service is available in c/b> characteristics of the service of the service is available in c/b> characteristics of the service of the service is available in c/b> characteristics of the service of the service is available in c/b> characteristics of the service of the service is available in c/b> characteristics of the service of the service is available in c/b> characteristics of the service of the service is available in c/b> characteristics of the service of the service is available in c/b> characteristics of the service of the service is available in c/b> characteristics of the service of the service is available in c/b> characteristics of the service of the service is available in c/b> characteristics of the service of the service is available in c/b> characteristics of the service of	Blood s	afety:				The	e servic	e is av	ailable ir	n		al	I	distr	ricts* i	n nee	d
transmission of HIV: IEC on risk reduction:		-	utions in	n healt	h care	The	e servic	e is av	ailable ir	n		m	ost </td <td>b> d</td> <td>istrict</td> <td>s* in n</td> <td>eed</td>	b> d	istrict	s* in n	eed
IEC on stigma and discrimination				o-child		The	e servic	e is av	ailable ir	n		al	l	distr	ricts* i	n nee	d
reduction: Condom promotion: Ab>The service is available in Ab>some </td <td>IEC on</td> <td>risk redu</td> <td>ction:</td> <td></td> <td></td> <td>The</td> <td>e servic</td> <td>e is av</td> <td>ailable ir</td> <td>n</td> <td></td> <td>m</td> <td>ost<!--</td--><td>b> d</td><td>istrict</td><td>s* in n</td><td>eed</td></td>	IEC on	risk redu	ction:			The	e servic	e is av	ailable ir	n		m	ost </td <td>b> d</td> <td>istrict</td> <td>s* in n</td> <td>eed</td>	b> d	istrict	s* in n	eed
HIV testing & counselling:		-	nd disc	riminat	ion	The	e servic	e is av	ailable ir	n		s	ome<	/b> c	district	ts* in r	need
Harm reduction for injecting drug users: The service is available in Risk reduction for men who have sex with men: Risk reduction for sex workers: The service is available in 	Condon	n promot	ion:			The	e servic	e is av	ailable ir	n		s	ome<	/b> c	district	ts* in r	need
Risk reduction for men who have sex with men: Risk reduction for sex workers: Ch>The service is available in Ch>Some Ch>Som	HIV test	ting & co	unsellir	ng:		The	e servic	e is av	ailable ir	n		al	I	distr	ricts* i	n nee	d
with men: Risk reduction for sex workers: <pre></pre>	Harm re	eduction t	for injed	cting d	rug use	rs: The	e servic	e is av	ailable ir	n		s	ome<	/b> c	district	ts* in r	need
Programmes for other vulnerable sub- populations: Reproductive health services including			or men	who ha	ave sex	The	e servic	e is av	ailable ir	n		s	ome<	/b> c	district	ts* in r	need
Reproductive health services including	Risk red	duction fo	or sex v	vorkers	S:	The	e servic	e is av	ailable ir	n		s	ome<	/b> c	district	ts* in r	need
STI prevention & treatment: School-based AIDS education for			other v	/ulnera	ble sub	o- The	e servic	e is av	ailable ir	n		s	ome<	/b> c	district	ts* in r	need
young people: Programmes for out-of-school young					includin	ig The	e servic	e is av	ailable ir	n		s	ome<	/b> c	district	ts* in r	need
people:			IDS edu	ucation	for	The	e servic	e is av	ailable ir	n		s	ome<	/b> c	district	ts* in r	need
HIV prevention in the workplace:		nmes for	out-of-	school	young	The	e servic	e is av	ailable ir	n		s	ome<	/b> c	district	ts* in r	need
	HIV pre	vention i	n the w	orkpla	ce:	The	e servic	e is av	ailable ir	n		s	ome<	/b> c	district	ts* in r	need

ÈÁ

1. Has the country identified the districts (or equivalent geographical/decentralized level) in need of HIV and AIDS treatment, care and support services?

Yes

Overall, how would you rate the efforts in the implementation of HIV trea	itment, care and
support services in 2007 and in 2005?	

2007: 8 2005: 4 Comments on progress made in the implementation of HIV treatment, care and support services since 2005:

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

Prevention for youth:	25-50%
Prevention for IDU:	>75%
Prevention for MSM:	>75%
Prevention for sex workers :	>75%
Counselling and Testing:	<25%
Clinical services (OI/ART)*:	<25%
Home-based care :	<25%
Programmes for OVC**:	<25%

3. Does the country have a policy or strategy to address the additional HIV and AIDS-related needs of orphans and other vulnerable children (OVC)?

Yes

3.1 IF YES, is there an operational definition for OVC in the country?

No

3.2 IF YES, does the country have a national action plan specifically for OVC?

Yes

3.3 IF YES, does the country have an estimate of OVC being reached by existing interventions?

Yes

IF YES, what percentage of OVC is being reached?

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