Sri Lanka Report NCPI

NCPI Header

COUNTRY

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Describe the process used for NCPI data gathering and validation:
Part A: Collection of data from the relevant coordinators of the National AIDS Con
Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:
-
Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):
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NCPI - PART A [to be administered to government officials]

Organization	Names/Positions	A.I	A.II	A.III	A.IV	A.V	A.VI
-	-	No	No	No	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
-	-	No	No	No	No	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:
2007-2011
IF YES, briefly describe key developments/modifications between the current national strategy and the prior one. IF NO or NOT APPLICABLE, briefly explain why.:
*More strategic and evidence based for Prioritization of population for target setting –Most at risk populations -strategic information available from first BSS 2006-7 on 6 target groups identified the key at risk populations with HIV risk behaviours (FSW, MSM, Beach Boys ,Drug users) coupled with the data from Sentinel sero surveillance and routine reported HIV and AIDS data -mapping of high risk populations for BSS provided estimates of FSW, MSM. An estimate of IDU was possible from the injecting behavior of the drug user population surveyed -The concluded world bank HIV prevention project provided programme and project data on TI , coverage on high risk (sex workers, MSM, drug users) and vulnerable populations-tri-forces, external migrants , transport workers , prisoners etc. (through NGOs ,other sectors and health) • More attention to strategic information and monitoring and evaluation , collaboration and coordination with all stakeholders and affected communities (PLWHA) enhancing their capacity .Fostering an enabling environment to deliver services to marginalized population through policy development etc . • Good governance through strengthening financial and management and decentralization , key programme areas coordinated by technical focal points , transport workers , prisoners etc. (through NGOs ,other sectors and health)

1.1 Which government ministries or agencies

Name of government ministries or agencies [write in]:
Health, Finance, Labour , Education, Defence , Foreign employment , Youth affairs, Justice, Highways

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

SECTORS

Included in Strategy	Earmarked Budget
Yes	Yes
Yes	Yes
Yes	Yes
Yes	Yes
Yes	Yes
Yes	No
Yes	Yes

Other [write in]:
prison sector, plantation, road construction, resettlement
IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specifc activities?:
funding source mostly from donor funds like World Bank, UN group –WHO, UNAIDs, UNICEF, UNFPA , UNODC, ILO, JICA, GFATM –Round 6 / 9, World food programme

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

Men who have sex with men:
Yes
Migrants/mobile populations:
Yes
Orphans and other vulnerable children:
Yes
People with disabilities:
No
People who inject drugs:
Yes
Sex workers:
Yes
Transgendered people:
Yes
Women and girls:
Yes
Young women/young men:
Yes
Other specific vulnerable subpopulations:
Yes
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 identifed?:

-

1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country [write in]?:
Key populations: FSW, MSM DU including IVDU Vulnerable groups: Migrants (external+internal), Service personnel (tri forces+police) , Youth, Prisoners, Beach boys

1.5. Does the multisectoral strategy include an operational plan?: No

1.6. Does the multisectoral strategy or operational plan include

a) Formal programme goals?:
Yes
b) Clear targets or milestones?:
No
c) Detailed costs for each programmatic area?:
No
d) An indication of funding sources to support programme implementation?:
No
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:
Several stakeholder meetings were held , with civil society members engaged in HIV /AIDS work and several workshops were held to decide on different aspects – setting the goals, objectives and prioritization of the response and on the core activities under ,prevention, care , collaboration , (AIDS Policy) , SI including M&E to agree on indicators .The preliminary results of the BSS was shared with the stakeholders

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 specifc 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 specifc HIV-related areas included in one or more of the development plans?

HIV impact alleviation:
No
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:
No
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):
No

Other[write in below]:
-

3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?:
No
4. Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?:
Yes
5. Has the country followed up on commitments made in the 2011 Political Declaration on HIV/AIDS?:
Yes
5.1. Have the national strategy and national HIV budget been revised accordingly?:
No
5.2. Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?:
Estimates of Current and Future Needs
5.3. Is HIV programme coverage being monitored?:
Yes

5.3

(a) IF YES, is coverage monitored by sex (male, female)?:
Yes
(b) IF YES, is coverage monitored by population groups?:
Yes
IF YES, for which population groups?:
- FSW - PLHIV - Plantation workers - Migrant workers - Prisoners -ANC
Briefly explain how this information is used:
• For advocacy - to ensure support from policy makers • For planning and developing programmes –and proposals for funds • For ensuring participation and capacity building of stakeholders(NGO/CBO)
(c) Is coverage monitored by geographical area:
Yes
IF YES, at which geographical levels (provincial, district, other)?:
Disrict level, National level
Briefly explain how this information is used:
To procure ARV drugs, STI drugs,and other commodities, Programme intervention and prioritization, logistics, etc,.

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:
Ministry health provisions, Health System Strengthening (HSS) - Proposals submitted to GFATM R 9 in the (North & East) - Human Resources,- Infrastructure refurbishing, Logistics
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?:
7
Since 2009, what have been key achievements in this area:
Receiving GF grant 9 to implement HIV prevention projects in 13 districts in Sri Lanka. Improvements in Laboratory infrastructure, improving STD clinic facilities in prison sector, main streaming of HIV prevention activities in relevant sectors.
What challenges remain in this area:
Creating an enabling environment to conduct prevention activities among MARPs, Limited capacity for conducting prevention programmes for MARPs. Funding gaps for further scaling up of prevention and care services.

A - II. POLITICAL SUPPORT AND LEADERSHIP

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

A. Government ministers:
Yes
B. Other high offcials 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:
The minister of Health is speaking publicly on prevention of HIV/AIDS in Sri Lanka. He takes the leadership in all the awareness and advocacy programmes and the World AIDS Day activities.

2. Does the country have an offcially 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?:
Dr R. Ruberu. Secretary of Health
Have a defined membership?:
Yes
IF YES, how many members?:
20
Include civil society representatives?:
Yes
IF YES, how many?:
6
Include people living with HIV?:
Yes
IF YES, how many?:
3
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:
National AIDS committee(NAC) and six thematic sub committees of NAC
What challenges remain in this area:
Complacency at higher levels due to actual or perceived low HIV prevalence and presence of other health priorities such as Dengue, Non communicable diseases and Road traffic accidents
4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?:
35%

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:

National AIDS policy was ratified the the Cabinet.

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

Life insurance policies which prevent getting benefits if found to be HIV positive. Sexual practices between consenting same sex adults are criminalized by the legislature. Vagrancy ordinance and brothel ordinances misused to discriminate sex workers.

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

7

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

Launching of National HIV policy. Launching of National workplace HIV policy. Successful GF R9 Proposal

What challenges remain in this area:

Sensitive nature of HIV prevention with sex workers, MSM and drug users.

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:
-
People with disabilities:
Yes
People who inject drugs:
No
Prison inmates:
Yes
Sex workers:
No
Transgendered people:
No
Women and girls:
Yes
Young women/young men:
Yes
Other specific vulnerable subpopulations [write in]:
Beach boys

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:

Article 12 - All persons are equal before law are entitled to equal protection of the law. No citizen shall be discriminated against on the ground of race, religion, language, caste,sex,political opinion, place of birth or any one of such ground etc.

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

Procedure is laid down under the constitution

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

reasonably well implemented (7 on a scale of 1-10).

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

IF YES, for which subpopulations?

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:
No
Women and girls:
No
Young women/young men:
No
Other specific vulnerable subpopulations [write in below]:
beach boys

Briefly describe the content of these laws, regulations or policies:
Vagrant Ordinance - Punish a person who knowingly lives wholly or partly on the earnings of prostitution. Prostitutes wandering in the public street or highway or in any place of public resort can be punished.
Briefly comment on how they pose barriers:
Police arrests make sex workers go underground. This makes it difficult to approach sex workers for preventive programmes or provision of services. MSMs are largely underground due to legal barriers. Needle syringe programme and OST not implemented for injecting drug users due to policy issues.

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:
No
Avoid commercial sex:
Yes
Avoid inter-generational sex:
No
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:
No
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?:
No
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:
1. External migrant population - Have a mandatory training before they migrate to most of the migrant workers 2. Armed and police services - Included HIV education contents in to the curriculum 3. Prison setup - Existing programme for prevention treatment & Care 4. Youth - Skill based education

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
Yes	Yes	Yes	Yes	Yes	-
No	No	No	No	No	-
Yes	Yes	Yes	Yes	Yes	-
No	No	No	No	No	-
Yes	Yes	Yes	Yes	Yes	-
Yes	Yes	Yes	Yes	Yes	-
Yes	Yes	Yes	Yes	Yes	-
No	No	Yes	No	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:
Initiation of the targeted intervention for MARPs with funding from GF Officially launching National HIV policy. Internalization of the HIV/AIDS Prevention strategies. Get involved of these sectors through multi-sectoral and other subcommittee of NAC.
What challenges remain in this area:
As the Sri Lanka is low prevalent country, it is difficult to set partnerships as this is not a priority.
4. Has the country identified specifc needs for HIV prevention programmes?:
Yes
IF YES, how were these specific needs determined?:
* Both Quantitative & Qualitative survey * Surveillance data * Key informal & available existing records * Requirement basis * Targeted population survey

4.1. To what extent has HIV prevention been implemented?

Blood safety:
Strongly Agree
Condom promotion:
Agree
Harm reduction for people who inject drugs:
N/A
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:
Agree
Prevention for people living with HIV:
Agree
Reproductive health services including sexually transmitted infections prevention and treatment:
Agree
Risk reduction for intimate partners of key populations:
Agree
Risk reduction for men who have sex with men:
Agree
Risk reduction for sex workers:
Agree
School-based HIV education for young people:
Agree
Universal precautions in health care settings:
Agree
Other[write in]:
-

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in implementation of HIV prevention programmes in 2011?:
8

A - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?:
Yes
If YES, Briefly identify the elements and what has been prioritized:
We have identified medical and nursing care, psycho-social support, socio-economic support, protection of human rights and engagement of family members and PLHIV as the coponents of care and treatment.
Briefly identify how HIV treatment, care and support services are being scaled-up?:
Five HIV-ART clinics are existing. Six more STD clinics have been identified and being visited by Consultant Venereologists from March 2012.

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:
Agree
HIV care and support in the workplace (including alternative working arrangements):
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:
Strongly 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):
Agree
Post-exposure prophylaxis for occupational exposures to HIV:
Strongly Agree
Psychosocial support for people living with HIV and their families:
Strongly 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:
Strongly Agree
Other [write in]:
-

2. Does the government have a policy or strategy in place to provide social and economic support to people infected/affected by HIV?:
Yes
Please clarify which social and economic support is provided:
Through GF- round 9 project, steps have been taken to reimburse transport cost to ART centres by PLHIV. PLHIV who were refered to respective NGO for necessory support. Last 3 years they were provided nutritional package by WFP through NGO and GO participation.
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?:
ARV drugs condoms medicine for OIs
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:
All the HIV infected patients were put on ART after evaluation of eligibility criteria. Able to minimize stigma and discrimination in general health-care settings and PLHIV have access to medical care.
What challenges remain in this area:
Early diagnosis of PLHIV who have symptoms suggestive of HIV/AIDS who will attend to general medical services.
6. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:
N/A
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?:
8
Since 2009, what have been key achievements in this area:
In almost every situation, children were diagnosed with HIV infection while their parents or single parents were alive. It was able to put them on ART and improve the quality of life.
What challenges remain in this area:
The children born to undiagnosed parents who have presented to peadiatriac care with clinical presentation in relation to HIV/AIDS will be a challenge in the peadiatric care.

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:
There are limited in country expertise in the area of M&E in HIV AIDS. External support is rather expensive and not available, as and when necessary. Most of the M&E activities are donor driven. There is limited demand for data at local level. Need to develop a better M&E "culture" at all levels.
1.1 IF YES, years covered:
2011-2012
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:
Some partners such as organizations for MSM and Drug users have not commenced prevention projects under GFATM as of now. Therefore they are not part of the National HIV M&e plan. But once they started their projects they will be included.

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:
No
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:
Need to build capacity of staff to manage data more efficiently.

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

In the Ministry of Health?:
No
In the National HIV Commission (or equivalent)?:
No
Elsewhere [write in]?:
National STD/AIDS control programme of the ministry of health

Permanent Staff [Add as many as needed]

POSITION [write in position titles in spaces below]	Fulltime	Part time	Since when?
Coordinator Stragegic Information	1	0	2008
M&E officer	1	0	2009
MO/SIM	1	0	2010
Epidemiologist	1	0	2005
Data managers	3	0	2008
Data entry operators	2	0	2009
Office assistant	1	0	2010

Temporary Staff [Add as many as needed]

POSITION [write in position titles in spaces below]	Fulltime	Part time	Since when?
Postgraduate trainees	-	1	2010

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:
Government service delivery points such as STD clinics, ART centers directly send data to M&E unit (SIMU). NGOs send data to NGO PR on monthly basis. NGO PR send data to National SIMU on a quarterly basis.
What are the major challenges in this area:
Need to develop capacity and infrastructure facilities in the reporting units.

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.:
HIV case reporting data and HIV sentinel survey are managed by the epidemiologist. SIM unit manages STD clinic, ART center data and other M&E data. SIM unit stores data at national level.
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, but only some of the above
IF YES, but only some of the above, which aspects does it include?:
GFATM project is starting to address Key populations since end of last year. Some areas such as MSM and Drug user intervention are yet to commence. SIMU will have data about coverage and services then. At the moment SIM unit data include key populations receiving services from the govenrment sector service delivery centers.

6.2. Is there a functional Health Information System?

At national level:
Yes
At subnational level:
Yes
IF YES, at what level(s)?:
Medical officer of Health area level, District levels and National level.

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]:
For project proposals requesting donor funds. Advocacy programmes

Briefly provide specific examples of how M&E data are used, and the main challenges, if any:
During the writing of GF proposal round 9, M&E data were used to justify fund request and to prioritize intervention districts.

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

At national level?:
Yes
IF YES, what was the number trained:
60
At subnational level?:
Yes
IF YES, what was the number trained:
120
At service delivery level including civil society?:
Yes
IF YES, how many?:
120

9.1. Were other M&E capacity-building activities conducted` other than training?:
Yes
IF YES, describe what types of activities:
PIMS (patient information managemetn system). Maintenance of the website.
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:
Development and completion of a web based Patient Information Management System for STD clinics. This system started implementation at 1 National and 4 subnational level STD clinics since 2012. Development and maintenance of a official website at the national STD/AIDS control Programme. This enables the data dissemination country wide for all the stakeholders. Development of a National M&E plan locally for the first time. Conduction of NASA for 2009 and 2010 for the fist time. Funds became available for M&E through GF.
What challenges remain in this area:
Need to develop an environment which value data for routine decision making. Need to develop capacity of professionals who

are interested in M&E in this field. There should be more flexibility for using funds available for M&E related activities.

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?:
3
Comments and examples:
Civil society involvement in designing NSP and other policy documents is limited. But consultations happens in the process of finalization Civil society has limited opportunities to interact with top leaders to get political commitment to their issues. LGBT and DU issues are not adequately discussed.
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)?:
0
Comments and examples:
We haven't conduct this activity

3.

a. The national HIV strategy?:
1
b. The national HIV budget?:
2
c. The national HIV reports?:
4
Comments and examples:
Civil society contribution in National HIV response was not adequately recognized and included in NSP. Condom distribution and HIV/STI services provision is conducted by government. Therefor cost might have inditectly included in health budget. Civil society is requested to send data for the reporting process. But more ownership should be given by actively engage them in the process and decision making.

4.

a. Developing the national M&E plan?:
1
b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?:
4
c. Participate in using data for decision-making?:
2
Comments and examples:
Civil society has limited involvement in developing M&E process. But it re present most of forums including M&E sub committee of NAC. Civil socety has limited involvement in dicision making process

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)?:
2
Comments and examples:
Key civil society members represent in various forums. But more voices to be included from FBOs, youth, LGBT, disable and displaced populations. Language barrier is the main obstacles for their active involvement.

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?:
1
b. Adequate technical support to implement its HIV activities?:
4
Comments and examples:
Civil society recieves linited financial support from the government. They mostly depend on the external donors. Civil society receive adequate technical support from the government.

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

People living with HIV:
25-50%
Men who have sex with men:
<25%
People who inject drugs:

<25%
Sex workers:
<25%
Transgendered people:
<25%
Testing and Counselling:
<25%
Reduction of Stigma and Discrimination:
25-50%
Clinical services (ART/OI)*:
<25%
Home-based care:
<25%
Programmes for OVC:**
<25%

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 civil society members in NAC and it's subcommittees and this allows the community voices to be raised in these forums Investing capacity building of civil society and actively engage civil society in implementation (Mapping of key populations, Microplanning, and round table initiative on laws and legislation.
What challenges remain in this area:
Language barrier remain as the main challange as most of the civil society organizations have limited capacity in English. Community is still reluctant to express their views and ideas in front of the goverment officers who is hierarchically senior Still stigmatised attitudes of certain individuals and fear of being stigmatised also control free floor of ideas.

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:
Civil society was invited for consultations on National AIDS policy and NSP development mostly at the final stages Community expect more engagement in the process of development of policies and guidelines from the beginning. Separate community consultations are always encourage and that would make community comfortable to express their concerns. Civil society involvement is limited in implementation.

B - III. HUMAN RIGHTS

1.1.

People living with HIV:
No
Men who have sex with men:
No
Migrants/mobile populations:
No
Orphans and other vulnerable children:
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:
No
Other specific vulnerable subpopulations [write in]:

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:
-
If YES to Question 1.1 or 1.2, briefly describe the contents of these laws:
Constitution of Sri Lanka is based on the principles of equity. But it does not mention anything specifically on HIV status and sexual orientation.
Briefly explain what mechanisms are in place to ensure that these laws are implemented:
National Human Rights Commission accept complaints on human rights violation. Labour courts ensures the right to employ
Briefly comment on the degree to which they are currently implemented:
Although the services are available, most of key population hesitate to access these services and perceived and actual stigma. There is a considerable gap between organizations who provide such a service and the community. There is no effective mechanism to bridge this gap Only one case filed by a PLHIV community member won in the labour courts
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:
1. Vagrant audienc e - This is gender neutral law to prevent loitering in the streets after 10pm. But only use this to arrest sex workers 2. 365, 365A - This criminalise same sex relationship even among two 3 . Drug dependent act - Promote compulsory detention 4. Brothel house ordinance - Criminalise organise sex trad e 5. Prisons ordinance - regulate activities in the prison
Briefly comment on how they pose barriers:
1,2,3,4, - encourage regular arrest of community members and consider possession of a condom is an evidence of their behavior. They also create actual and perceived stigma in community of key populations limiting themselves access to services. 5 creates non conducive environment to implement comprehensive service package in prisons.
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:
Domestic violence act - Provided opportunity for women to take actions on any form of violence faced in the domestic setting.
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:
National AIDS Policy - 3.11 section of in the policy ensure non discriminatory environment for PLHIV National HIV policy for world of work - Ensure right of work
5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations and/or other vulnerable sub-populations?:
No

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

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

Yes	-	-
Yes	-	-

If applicable, which populations have been identified as priority, and for which services?:
PLHIV Sex workers, MSM Drug users have been clearly identified in National AIDS Policy for all services.

7. Does the country have a policy or strategy to ensure equal access for women and men to HIV prevention, treatment, care and support?:
No

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?:
No

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

IF YES, Briefly describe the content of this policy/strategy and the populations included:
NSP clearly identify involvement of key populations in HIV prevention services. Care and support including STI care services available for key population from government health system free of charge and ensures same services by NSP.

8.1

8.1. IF YES, does this policy/strategy include different types of approaches to ensure equal access for different key populations and/or other vulnerable sub-populations?:
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:
NAP advocate for voluntary testing and counselling and it discourage mandatory testing.

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:
-

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)?:
No

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?:
No

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

a. Legal aid systems for HIV casework:
Yes

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]:
Media Programme to sensitize general public

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?:
2
Since 2009, what have been key achievements in this area:
Key issues related to human rights were discussed in the ethical and legal sub committee of NAC with representation of community representatives National delegate was formed to discuss and implement activities to enhance human rights in relation to HIV response as a follow up to the round table dialogue.
What challenges remain in this area:
Punitive laws are still in place and they make the key populations stigmatised. Social cultural and religious pressure is still existing on key populations.
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?:
1
Since 2009, what have been key achievements in this area:
Discussion was initiated on repealing vagrancy ordinance is through ethical and legal sub committee of NAC. Same issue was raised by the gender based violence group as well.
What challenges remain in this area:
Society is not ready initiate an open dialogue on the issues faced by key populations. Political leadership hesitant to accept the existences of key population due to potential resistance by the religious leaders and conservative nationalistic groups.

B - IV. PREVENTION

1. Has the country identified the specific needs for HIV prevention programmes?:
Yes
IF YES, how were these specific needs determined?:
Based on scientific evidences gathered by the national programme and academia. Certain programmes is identify according to the preference of political leadership. There are donor driven initiative as well. Usually community consultations are not conducted in identifying the special needs in HIV prevention programmes.

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:
Disagree
HIV prevention in the workplace:
Disagree
HIV testing and counseling:
Agree
IEC on risk reduction:
Disagree
IEC on stigma and discrimination reduction:
Disagree
Prevention of mother-to-child transmission of HIV:
Agree
Prevention for people living with HIV:
Strongly Agree
Reproductive health services including sexually transmitted infections prevention and treatment:
Agree
Risk reduction for intimate partners of key populations:
Disagree
Risk reduction for men who have sex with men:
Disagree
Risk reduction for sex workers:
Disagree
School-based HIV education for young people:
Disagree
Universal precautions in health care settings:
Disagree
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?:
4
Since 2009, what have been key achievements in this area:
Mapping and size estimation conducted with active participation with civil society and consensus achieved on size of MSM and sex worker communities. Targeted interventions were piloted and incorporated in to GF round 9 implementations.
What challenges remain in this area:
There are limited scientific evidences are available on behaviors of the key populations. Therefore most of programmes planned for HIV prevention at key population are not very well targeted. Behavior patterns of key population is yet to be identified by conducting more researches with involvement of community members.

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:
1. Free access to ATV established through government health care systems. 2. STI care and treatments for OIs also available in the government and private sector health systems. 3. Counselling services are available in government and civil society organizations.
Briefly identify how HIV treatment, care and support services are being scaled-up?:
Number of ARV stations were increased. Some of the ARV drugs (such as rare pediatric remedies) those are given in specific occasions also available in the near future.

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 Disagree
HIV testing and counselling for people with TB:
Agree
HIV treatment services in the workplace or treatment referral systems through the workplace:
Strongly Disagree
Nutritional care:
Disagree
Paediatric AIDS treatment:
Strongly 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:
Strongly 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:
Strongly 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:
Number of ARV centres were increased under the global fund round 9 implementation. Sensitization of health care workers has significantly reduce incidence of stigma and discrimination faced by PLHIV in health care settings.
What challenges remain in this area:
Care and support component was not given adequate prominence in programming Constant stigma experience by the health care workers who have not been sensitized as this issue is not included in any specific guideline.
2. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:
No
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?":
7
Since 2009, what have been key achievements in this area:
Continuous stocks of ARV available in government clinic without significant interruption. Number of new consultant are employed in the government STI clinics.
What challenges remain in this area:
Some of newer medicine are still not available in government settings and private sector doesn't show much interest in exporting those drugs as the patient load is quite small. ARV services are not available in private sector for the individuals who are still reluctant to go to government clinics.
