

Bhutan Report NCPI

NCPI Header

is indicator/topic relevant?: Yes

is data available?: Yes

Data measurement tool / source: NCPI

Other measurement tool / source:

From date: 03/08/2014

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Additional information related to entered data. e.g. reference to primary data source, methodological concerns::

Data related to this topic which does not fit into the indicator cells. Please specify methodology and reference to primary data source::

Data measurement tool / source: GARPR

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Describe the process used for NCPI data gathering and validation: The stocktaking of the policy, strategic and legal environment was conducted as part of the desk review. The documents were all gathered from the respective agencies. This was followed by a key informant interview with key stakeholder in the country. Prior to the interviews, a letter of introduction was issued to all relevant key stakeholders by the national AIDS Control programme. The semi-structured interviews were conducted with all the organization and during the interview interviewees are requested to provide responses as representatives of their institutions or constituencies, not their own personal views. The list of stakeholders represented various component of the HIV response in the country: The national program, The policy and planning Division under the ministry of Health, Monitoring and evaluation unit, care and treatment, testing and counselling, Pharmacy department at the national referral hospital, HIV focal person in the Armed forces and physicians treatment PLHIV, CSOs, FBOs and network of positive people. The analysis of the collected data was then validated during a full day workshop with all the relevant key stakeholders in addition to having participation from the Multilateral organization (UNICEF, WHO, UNDP, UNAIDS).

Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions: The few disagreement that was raised during the validation was resolved by referencing national normative statements, guidelines, policies and legal provision.

Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like): In the context of Bhutan it is vital to note that there are very limited experience working on MARPs intervention and even greater limitation in terms of data regarding MARPs. Given that the MSM is culturally a taboo question to discussed in a public forum the validation group tried their best to capture what is the current ground realities in Bhutan.

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

Organization	Names/Positions	Respondents to Part A
NACP, Ministry of health	Sonam Wangdi, Program Officer	A1,A2,A3,A4,A5,A6
NACP, Ministry of health	Phurpa Tenzin Ass. Program Officer	A1,A2,A3,A4,A5,A6
Care and treatment, National referral Hospital	Jurmi Drukpa	A3,A4,A5,A6
HISC, Ministry of Health	Ngawang Choida	A3,A4,A5,A6
Pharmacy Department, Ministry of health	Ugyen Dorji	A3,A4,A5,A6
PPD, MOH	Jigme Thinley	A1,A2,A3,A4,A5,A6
HMIS, MOH	Dopo	A5,A6
PMU, MOH	Namgay wanchuk	A1,A2,A3,A4,A5,A6
DHO, Haa District	Gyem Dorji	A1,A2,A3,A4,A5,A6
GNHC, Planning Commission	Sherab Gyeltshen	A1,A2,A3,A4,A5,A6
Royal Bhutan Police	Major Chogyel	A1,A2,A3,A4,A5,A6
Ministry of Labour and Human Resource	Dechen Wangmo	A1,A2,A3,A4,A5,A6
Royal Bhutan Army	Dr. Leki Wangdi	A1,A2,A3,A4,A5,A6

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

Organization	Names/Positions	Respondents to Part B
UNDP	Annamari Salonen, Governance	B1,B2,B3,B4,B5
UNAIDS	Komal Badal, M&E	B1,B2,B3,B4,B5
WHO	Namgay Tshering	B1,B2,B3,B4,B5
UNFPA	Karma Tshering	B1,B2,B3,B4,B5
UNICEF	Dr. Chandra Mongal	B1,B2,B3,B4,B5
RENEW	Lhaden Wangmo	B1,B2,B3,B4,B5
LHAKSAM+BNP	Wangda Dorji	B1,B2,B3,B4,B5
Dratsang (FBO)	Ugyen Tshering	B1,B2,B3,B4,B5
YDF, NGO	Kinley Tenzin	B1,B2,B3,B4,B5

A.I Strategic plan

1. Has the country developed a national multisectoral strategy to respond to HIV?: Yes

IF YES, what is the period covered: The Bhutan National Strategic Plan for the Prevention and Control of STIs, HIV and AIDS 2012-2016.

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 NSP1: The focus has been on general population with a higher investment on the awareness program on prevention and providing treatment for PLHIV NSP2: Focus on MARPS, Involvement of NGOs.

IF YES, complete questions 1.1 through 1.10; IF NO, go to question 2.

1.1. Which government ministries or agencies have overall responsibility for the development and implementation of the national multi-sectoral strategy to respond to HIV?:

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

Education:

Included in Strategy: Yes

Earmarked Budget: Yes

Health:

Included in Strategy: Yes

Earmarked Budget: Yes

Labour:

Included in Strategy: Yes

Earmarked Budget: Yes

Military/Police:

Included in Strategy: Yes

Earmarked Budget: Yes

Social Welfare:

Included in Strategy: No

Earmarked Budget: No

Transportation:

Included in Strategy: Yes

Earmarked Budget: Yes

Women:

Included in Strategy: Yes

Earmarked Budget: Yes

Young People:

Included in Strategy: Yes

Earmarked Budget: Yes

Other: Lhak-Sam, a Network of people living with HIV and Dratsang which is a religious body and working in HIV.

Included in Strategy: Yes

Earmarked Budget: Yes

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?: There are no formal Social welfare organizations; social welfare is incorporated in respective organization.

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

KEY POPULATIONS AND OTHER VULNERABLE POPULATIONS:

Discordant couples: Yes

Elderly persons: No

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

Transgender people: Yes

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations: No

SETTINGS:

Prisons: Yes

Schools: Yes

Workplace: Yes

CROSS-CUTTING ISSUES:

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?: Only people with disability were not included, Children with disability were indirectly reflected in the CABA framework.

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

People living with HIV: Yes

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

Prison inmates: Yes

Sex workers: Yes

Transgender people: Yes

Women and girls: Yes

Young women/young men: Yes

Other specific key populations/vulnerable subpopulations [write in]: Migrant workers and mobile population

: Yes

1.5 Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?: Yes

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

1.7. Does the multisectoral strategy or operational plan include:

a) Formal programme goals?: Yes

b) Clear targets or milestones?: Yes

c) Detailed costs for each programmatic area?: Yes

d) An indication of funding sources to support programme implementation?: N/A

e) A monitoring and evaluation framework?: Yes

1.8. Has the country ensured “full involvement and participation” of civil society in the development of the multisectoral strategy?: Moderate involvement

IF ACTIVE INVOLVEMENT, briefly explain how this was organised.: Non applicable

IF NO or MODERATE INVOLVEMENT, briefly explain why this was the case.: limited engagement during the framework development of the NSP and development of strategic priority areas and finally during the prioritization. Greater need to promote CSO participation and establish platform for dissemination.

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

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

IF SOME PARTNERS or NO, briefly explain for which areas there is no alignment/harmonization and why: Non applicable

2.1. Has the country integrated HIV in the following specific development plans?

SPECIFIC DEVELOPMENT PLANS:

Common Country Assessment/UN Development Assistance Framework: Yes

National Development Plan: Yes

Poverty Reduction Strategy: N/A

National Social Protection Strategic Plan: N/A

Sector-wide approach: N/A

Other [write in]:

:

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

HIV-RELATED AREA INCLUDED IN PLAN(S):

Elimination of punitive laws: N/A

HIV impact alleviation (including palliative care for adults and children): N/A

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: N/A

Reduction of stigma and discrimination: Yes

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

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

Other [write in]:

:

3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?: No

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?: 3

4. Does the country have 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 and children: Beside standalone plan for HSS, there are few activities build into each disease component. Currently majority of the overhead and infrastructure cost are bore by the government. ART is procured through the GFATM, but the logistic management id supported by the government.

5. Are health facilities providing HIV services integrated with other health services?

a) HIV Counselling & Testing with Sexual & Reproductive Health: Many

b) HIV Counselling & Testing and Tuberculosis: Many

c) HIV Counselling & Testing and general outpatient care: Many

d) HIV Counselling & Testing and chronic Non-Communicable Diseases: None

e) ART and Tuberculosis: Many

f) ART and general outpatient care: Many

g) ART and chronic Non-Communicable Diseases: None

h) PMTCT with Antenatal Care/Maternal & Child Health: Many

i) Other comments on HIV integration: : The main approach of delivery of health system is through primary health care. So at many of health service delivery unit, services are delivered by one unit or one health personnel.

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 your country’s HIV programmes in 2013?: 7

Since 2011, what have been key achievements in this area: 1. Facilitation of involvement of PLHIV that led to establishment of the first CBO of positive people in the country. 2. Excellent working collaboration with the Ministry of Health and other relevant organization CSO, FBO and other unilateral and bi-lateral organization in the country to delivery an collective response to mitigate the impact of HIV/AIDS. 3. HIV testing facilities extended to Basic Health Units for 100 coverage of ANC clinic in an effort to reach the target of zero vertical transmission. 4. Development of care and treatment unit with monitoring system of PLHA. 5. 2 new Health Information Service Centre established. 6. Point of Care CD 4 facilities introduced in 3 districts.

What challenges remain in this area: 1. Human resource shortage at program level 2. Reaching the key affected population 3. Lack of trained human resource in delivery of care(treatment) and outreach services 4. Poor information system 5. Enhance stock management system for supply of drugs 6. Facilities for monitoring of treatment

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. In the last 12 months, have the head of government or other high officials taken action that demonstrated leadership in the response to HIV?: Yes

Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership: • Voluntary testing and counselling session for the parliament • World AIDS Day observed with Queen Mother, the UNFPA goodwill ambassador. • Political support from His Majesty the King (issues decree on stigma and discrimination by the 4th king and later prevention of HIV by the 5th king)

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

IF NO, briefly explain why not and how HIV programmes are being managed::

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?: Lyonpo Tandin Wangchuk, Hon'ble Minister of Health

Have a defined membership?: Yes

IF YES, how many members?: 3 years

Include civil society representatives?: Yes

IF YES, how many?: 3 Lhaksam, RENEW and Dratsang (FBO)

Include people living with HIV?: Yes

IF YES, how many?: 2 Executive director of Lhaksam and Accountant

Include the private sector?: Yes

Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?: No

3. Does the country have a mechanism to promote coordination between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?: Yes

IF YES, briefly describe the main achievements:: • Multi-sectoral task force for HIV/AIDS in all twenty districts know as the MSTF delivery HIV prevention awareness and other sensitization related to HIV/AIDS • HIV interventions by BCCI to the private sectors • Support by RBP to Lhak-Sam, MoU under progress between RBP and Lhak-Sam

What challenges remain in this area:: 1. No Formal platform for the SCO to discuss issues and share knowledge and capacities. 2. Limited resources and capacity with the CSO in the country beside few well established CSOs. 3. Ownership of the HIV issues. 4. No collective responsibility, HIV seen as a health issues

4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?: 25

5. What kind of support does the National HIV Commission (or equivalent) provide to civil society organizations for the implementation of HIV-related activities?

Capacity-building: No

Coordination with other implementing partners: Yes

Information on priority needs: Yes

Procurement and distribution of medications or other supplies: No

Technical guidance: Yes

Other [write in]:

: No

6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National HIV Control policies?: No

6.1. IF YES, were policies and laws amended to be consistent with the National HIV Control policies?: No

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

Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies:: The national AIDS control policies are framed in line with the laws of the country. However the penal code deems unnatural sex and prostitution as illegal. However in terms of program interventions, these laws have not really posed a barrier to delivering HIV interventions.

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 2013?: 9

Since 2011, what have been key achievements in this area:: Adoption of various legislation to protect the vulnerable population in the country from harm such as the • The Domestic violence prevention Act • Child care and protection Act • Amendment of the Penal code In the area of program implementation there has also been major milestones such as: • Promotion of HIV /STI testing amongst the mobile communities including migrant workers. • Development of National Strategic Plan with a detailed focus on MARPS. • Initiating the Intervention programs for MARPS. • High level sensitization on MARPS and risk behavior • Research to inform policies such as: • The formative assessment for MSM and TG, • Size estimation of MSM and TG, • KAPB amongst the high risk group.

What challenges remain in this area:: • Enhance commitment and involvement of decision makers • Enabling environment for the MARPS

A.III Human rights

1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable groups? Select yes if the policy specifies any of the following key populations and vulnerable groups:

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

Transgender people: No

Women and girls: Yes

Young women/young men: No

Other specific vulnerable subpopulations [write in]:

: No

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:: • The constitution • Labour and Employment Act • Child care and protection Act • Adoption Act

Briefly explain what mechanisms are in place to ensure these laws are implemented:: • Establishment of National commission for women and children. • Child justice court. • Translation of Act into the Rules and regulations. • Women and Child Protection Unit in RBP.

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

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

IF YES, for which key populations and vulnerable groups?:

People living with HIV: No

Elderly persons: No

Men who have sex with men: Yes

Migrants/mobile populations: No

Orphans and other vulnerable children: No

People with disabilities: No

People who inject drugs: Yes

Prison inmates: No

Sex workers: Yes

Transgender people: Yes

Women and girls: No

Young women/young men: No

Other specific vulnerable populations [write in]:

: No

Briefly describe the content of these laws, regulations or policies: While laws prohibit unnatural sex, prostitution and drug use, no major hindrance has been faced in terms of delivering HIV interventions. Till date no one has been prosecuted for unnatural sex.

Briefly comment on how they pose barriers: Key population are reluctant to reveal themselves as law prohibits their life style.

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?:

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: No

Use condoms consistently: Yes

Other [write in]: Being faithful

: Yes

1.2. In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?: No

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?: No

2.2. Does the strategy include

a) age-appropriate sexual and reproductive health elements?: Yes

b) 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 NSP2 outlines various interventions to promote information, education and communication and other preventive health interventions for the key population identified in the NSP2 in addition to the use of media.

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

People who inject drugs: Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education

Men who have sex with men: Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education

Sex workers: Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education

Customers of sex workers: Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction

Prison inmates: Condom promotion, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction

Other populations [write in]:: Migrants Workers

: Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction

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 2013?: 8

Since 2011, what have been key achievements in this area:: • Expansion of HIV testing and counselling to (BHUs). • Establishment of the Multi Sectoral Task Force (MSTFs). • Increase in support for formula feed from 1 year to 2 years for infants born to HIV positive mothers.

What challenges remain in this area: Human, capacity and financial resources still remains a challenge, currently majority of the test kits are procured through donor agencies.

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

IF YES, how were these specific needs determined?: • Based on regional and national evidence. • National disease profile.

IF YES, what are these specific needs? : • Interventions for key groups. • Greater involvement of PLHIV.

4.1. To what extent has HIV prevention been implemented?

The majority of people in need have access to...:

Blood safety: Strongly agree

Condom promotion: Strongly agree

Economic support e.g. cash transfers: N/A

Harm reduction for people who inject drugs: Agree

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

HIV prevention in the workplace: Agree

HIV testing and counseling: Strongly disagree

IEC on risk reduction: Strongly disagree

IEC on stigma and discrimination reduction: Strongly disagree

Prevention of mother-to-child transmission of HIV: Strongly disagree

Prevention for people living with HIV: Strongly disagree

Reproductive health services including sexually transmitted infections prevention and treatment: Strongly disagree

Risk reduction for intimate partners of key populations: Disagree

Risk reduction for men who have sex with men: Agree

Risk reduction for sex workers: Agree

Reduction of gender based violence: Agree

School-based HIV education for young people: Agree

Treatment as prevention: Disagree

Universal precautions in health care settings: Strongly 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 2013?: 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: • Voluntary counselling and testing • Early initiation of treatment • Availability of safe and effective drugs • Routine follow of PLHA (CD 4 and other laboratory tests) • Provision of formula feed

Briefly identify how HIV treatment, care and support services are being scaled-up?: • Setting up of National care and support unit • Revision of guidelines • Initiatives to start EID and viral load • Counselling • Advocacy • Increase CD 4 services

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

The majority of people in need have access to...:

Antiretroviral therapy: Strongly agree

ART for TB patients: Strongly agree

Cotrimoxazole prophylaxis in people living with HIV: Strongly agree

Early infant diagnosis: Disagree

Economic support: Disagree

Family based care and support: Agree

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

HIV testing and counselling for people with TB: Strongly disagree

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

Nutritional care: Disagree

Paediatric AIDS treatment: Strongly disagree

Palliative care for children and adults Palliative care for children and adults: Disagree

Post-delivery ART provision to women: Strongly disagree

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

Post-exposure prophylaxis for occupational exposures to HIV: Agree

Psychosocial support for people living with HIV and their families: Agree

Sexually transmitted infection management: Agree

TB infection control in HIV treatment and care facilities: Agree

TB preventive therapy for people living with HIV: Agree

TB screening for people living with HIV: Agree

Treatment of common HIV-related infections: 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?: No

Please clarify which social and economic support is provided:

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?: N/A

IF YES, for which commodities?:

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 2013?: 7

Since 2011, what have been key achievements in this area?: • Establishment of Care and treatment unit at the JDWNRH (national referral hospital) to improve access and adherence to treatment services, this is also decentralized to the sub national level to all the hospital in the districts. • All patients below CD 4 500 to be put on treatment from 2015 • Introduction of fixed dose formulation

What challenges remain in this area?: • To establish systematic adherence monitoring system • No facilities for viral load testing • NO resource allocation for treatment monitoring

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

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

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

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 2013?: 5

Since 2011, what have been key achievements in this area:: • Lhaksam, CSO initiated the OVC program targeted toward the most economically challenged children in the country. • OVC are covered under the CABA framework of the child protection strategy under the National Plan of Action for Children (NCWC)

What challenges remain in this area:: • Need for formal system to protect the interest of the OVC. • Adequate resource allocation and monitoring system to and instituted

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:: • Lack of Organizational structures with defined TOR for each entity • Inadequate resource allocation both human and financial for conducting monitoring and evaluation responsibilities.

1.1. IF YES, years covered: 2012-2016

1.2. IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?: No

Briefly describe what the issues are::

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy: Yes

IF YES, does it address::

Behavioural surveys: Yes

Evaluation / research studies: No

HIV Drug resistance surveillance: No

HIV surveillance: Yes

Routine programme monitoring: Yes

A data analysis strategy: No

A data dissemination and use strategy: No

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?: In Progress

3.1. IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities?: Less than 10%

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

Briefly describe any obstacles:: • Shortage of Human Resources and financial commitments • Lack of capacity within the Ministry of Health

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

In the Ministry of Health?: Yes

In the National HIV Commission (or equivalent)?: No

Elsewhere?: No

If elsewhere, please specify:

4.2. How many and what type of professional staff are working in the national M&E Unit?

POSITION [write in position titles]	Fulltime or Part-time?	Since when?
M&E Officer, PPD, MoH	Full-time	
M&E Associate, PPD, MoH	Full-time	
Project Officer, PMU, MOH	Full-time	
M&E Assistant, NACP and VDCP	Full-time	
Data Entry Assistant, HISC, MOH	Full-time	
Data Entry Assistant, HISC, MOH		
Data Entry Assistant, HISC, MOH		

POSITION [write in position titles]	Fulltime or Part-time?	Since when?
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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?: No

Briefly describe the data-sharing mechanisms:: Data is collected by the Service delivery points and submitted to the District health officer and at the district level it is compiled and the consolidated data is then sent to the national programme. It is then entered into the vertical system for any HIV related activities.

What are the major challenges in this area:: HIV indicators not incorporated into the national HMIS system. At the vertical system level, there are very limited resource allocations to check the quality of data reported.

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?: No

IF YES, briefly describe the national database and who manages 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

IF YES, but only some of the above, which aspects does it include?:

6.2. Is there a functional Health Information System?

At national level: Yes

At subnational level: Yes

IF YES, at what level(s)?:

7.1. Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?: No

7.2. Is HIV programme coverage being monitored?: No

(a) IF YES, is coverage monitored by sex (male, female)?: No

(b) IF YES, is coverage monitored by population groups?: No

IF YES, for which population groups?:

Briefly explain how this information is used::

(c) Is coverage monitored by geographical area?: No

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

Briefly explain how this information is used::

8. Does the country publish an M&E report on HIV, including HIV surveillance data at least once a year?: No

9. 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]::

: No

Briefly provide specific examples of how M&E data are used, and the main challenges, if any:: M&E data collected by the vertical system is used to provide strategic information on HIV/AIDS in the country. Using the data specific programmatic changes are made to accommodate the information such as the scaling up of the HIV testing at the Basic Health unit (BHU) to test all pregnant mothers. This was based on the 9% vertical transmission data provided by the vertical monitoring system at the programme level.

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

At national level?: No

IF YES, what was the number trained::

At subnational level?: No

IF YES, what was the number trained:

At service delivery level including civil society?: No

IF YES, how many?:

10.1. Were other M&E capacity-building activities conducted other than training?: No

IF YES, describe what types of activities:

11. 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 2013?: 4

Since 2011, what have been key achievements in this area:: • Few forms (the VCT monitoring and care and treatment forms) have been standardized. • Key people identified at the care and treatment unit and pharmacy to collect data.

What challenges remain in this area:: • To incorporate HIV/AIDS indicator into the HMIS system. • Adequate resources both human and financial to conduct M&E responsibilities. • Institute quality measures into the data collection system.

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:: • Not much changes at policy level but service delivery improved with the establishment of positive network and other CSOs.

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)?: 2

Comments and examples:: • CSO involvement limited to initial consultation only during planning and budgeting process.

3. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") are the services provided by civil society in areas of HIV prevention, treatment, care and support included in:

a. The national HIV strategy?: 3

b. The national HIV budget?: 1

c. The national HIV reports?: 1

Comments and examples:: NACP reports are not shared with CSOs.

4. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") is civil society included in the monitoring and evaluation (M&E) of the HIV response?

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?: 0

c. Participate in using data for decision-making?: 2

Comments and examples:: • Support from NACP for strengthening CSO M&E required.

5. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, community based organisations , and faith-based organizations)?: 3

Comments and examples:: All KAP are not represented (sex workers, MSM, TGs, IUD/drug users).

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

a. Adequate financial support to implement its HIV activities?: 3

b. Adequate technical support to implement its HIV activities?: 4

Comments and examples:: • CSO's capacity limits the access to financial support.

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

Prevention for key-populations:

People living with HIV: 25-50%

Men who have sex with men: <25%

People who inject drugs: 51-75%

Sex workers: <25%

Transgender people: <25%

Palliative care : <25%

Testing and Counselling: <25%

Know your Rights/ Legal services: <25%

Reduction of Stigma and Discrimination: 25-50%

Clinical services (ART/OI): <25%

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 2013?: 6

Since 2011, what have been key achievements in this area:: • Transitional funding mechanism facilitated the CSO participation. • Received UN support to CSO through annual work plan.

What challenges remain in this area:: • Limited opportunities for CSO participation at policy level.

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?: No

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

B.III Human rights

1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable subpopulations? Circle yes if the policy specifies any of the following key populations:

KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:

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

Transgender people: No

Women and girls: Yes

Young women/young men: No

Other specific vulnerable subpopulations [write in]::

: No

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

IF YES to Question 1.1 or 1.2, briefly describe the contents of these laws:: • The constitution of the country • Labour and employment Act • Childcare and Protection Act.

Briefly explain what mechanisms are in place to ensure that these laws are implemented:: • Each custodian of the act monitors the implementation of the Act in addition to drafting relevant rules and regulations.

Briefly comment on the degree to which they are currently implemented:: • Information not available

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?

KEY POPULATIONS and VULNERABLE 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: No

Sex workers: Yes

Transgender people: Yes

Women and girls: No

Young women/young men: No

Other specific vulnerable populations [write in]::

: No

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

Briefly comment on how they pose barriers::

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 prevention Act.

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 NSP is guided by the principals of Human Rights.

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations and other vulnerable populations?: No

IF YES, briefly describe this mechanism.:

6. Does the country have a policy or strategy of free services for the following? Indicate if these services are provided free-of-charge to all people, to some people or not at all (circle "yes" or "no" as applicable).

Antiretroviral treatment:

Provided free-of-charge to all people in the country: Yes

Provided free-of-charge to some people in the country: No

Provided, but only at a cost: No

HIV prevention services:

Provided free-of-charge to all people in the country: Yes

Provided free-of-charge to some people in the country: No

Provided, but only at a cost: No

HIV-related care and support interventions:

Provided free-of-charge to all people in the country: Yes

Provided free-of-charge to some people in the country: No

Provided, but only at a cost: No

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

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

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

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

IF YES, Briefly describe the content of this policy/strategy and the populations included:: • Under the primary health policy, access to services including prevention to HIV, Care and treatment are provided free of cost by the government.

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

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

9. Does the country have a policy or law prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?: No

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

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

a. Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work: No

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)?: Yes

b. Programmes for members of the judiciary and law enforcement⁴⁶ 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]: Drug treatment centers

: Yes

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 2013?: 3

Since 2011, what have been key achievements in this area:: • Domestic violence prevention act 2012. • Child care protection act

What challenges remain in this area:: • Implementation of the acts.

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 2013?: 6

Since 2011, what have been key achievements in this area?: • Adoption of Domestic Violence Prevention Act • Amendment of penal code • Childcare and protection act.

What challenges remain in this area?: • To address specific key rights of populations such as MSM, TG, IDUs to address the risk mitigation aspect of HIV/AIDS

B.IV Prevention

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

IF YES, how were these specific needs determined?: • Through MARP mapping – formative assessment • Targeted interventions for MARPs • Scaling up of HIV testing through ANC programme • Consultation with stakeholders including members of the key affected communities

IF YES, what are these specific needs? : • Targeted intervention implementation with defined comprehensive services packages. • High level sensitization workshops and awareness programme amongst the general population to mitigate stigma and discrimination • Review of legislation and policy to accommodate specific needs of the key affected population.

1.1 To what extent has HIV prevention been implemented?

The majority of people in need have access to...:

Blood safety: Strongly agree

Condom promotion: Agree

Harm reduction for people who inject drugs: Agree

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

HIV prevention in the workplace: Disagree

HIV testing and counseling: Strongly agree

IEC on risk reduction: Agree

IEC on stigma and discrimination reduction: Disagree

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: Disagree

Risk reduction for sex workers: Disagree

School-based HIV education for young people: Strongly agree

Universal precautions in health care settings: Strongly agree

Other [write in]:

:

2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV prevention programmes in 2013?: 5

Since 2011, what have been key achievements in this area?: • Scaling up of testing facilities to basic health unit level • Integration of testing services into Maternal and child care services. • National guideline for TB HIV collaboration • People living with HIV public visibility

What challenges remain in this area?: • Reaching to most at reach population (Sex workers, MSM, TGs) • Capacity and human resource inadequacy.

B.V Treatment, care and support

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?: No

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

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

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

The majority of people in need have access to...:

Antiretroviral therapy: Strongly agree

ART for TB patients: Strongly agree

Cotrimoxazole prophylaxis in people living with HIV: Strongly agree

Early infant diagnosis: Disagree

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

HIV testing and counselling for people with TB: Strongly agree

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

Nutritional care: Disagree

Paediatric AIDS treatment: 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: Strongly 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: 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]::

:

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 2013?: 7

Since 2011, what have been key achievements in this area::

What challenges remain in this area::

2. Does the country have a policy or strategy to address the 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?: 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 in the implementation of HIV treatment, care and support programmes in 2013?: 7

Since 2011, what have been key achievements in this area::

What challenges remain in this area::