

## Iran Islamic Republic Of Report NCPI

### NCPI Header

#### COUNTRY

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

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**Describe the process used for NCPI data gathering and validation:**

The interviewees included 8 representatives of government organizations, 7 representatives of civil society, international organizations active in AIDS-related issues and a representative of PLWH. Selection of interviewees was based on the opinion of the main committee of the study. Given the specific goals of the project, an attempt was made to have a wide range of program partners, stakeholders and key persons with experience in HIV/AIDS represented in the study. Procedure: the following stages comprised the interviewing process for the key persons: A- Prior to the Interview - Interviewees were each called and informed of a brief description of the project and its objectives and were told that they were among the informed, key persons selected for data collection in the project. - During the telephone conversation the interviewees were told that electronic and hard copies of a questionnaire (in both English and Farsi) would be emailed and snail-mailed to them to be read carefully and answered subsequently. - The interviewer provided respondents with his/her contact number in case of possible questions. - The respondents were asked to send back the completed questionnaires. - Upon careful examination of the completed questionnaires, the interviewer contacted the interviewees in order to set up face-to-face interview dates, in cases where there were unfilled or unclear responses. B- During the Interview - Once again a brief description was given on the project and its objectives. - While reviewing the completed questionnaire, the interviewer tried to fill-in the unclear or unfilled points. C- After completion of the questionnaires, data was extracted and qualitatively analyzed. Results were reported based on views of key persons and analysis of commonalities and differences among these views. For those questions which the respondents had been asked to quantify their responses on scales of 0-5 (0 for very poor and 5 for excellent) or 0- 10 (0 for very poor and 10 for excellent) average scores were calculated and reported. For items where there was no agreement among the interviewees and no core consensus, the differing views were all reported. Finally the first version of the NCPI shared by all key informants and disagreement discussed and final report was finalized

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

discussion on these issue. If any disagreement remained it was reflected in final report

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

The questionnaire is relatively complicated and very time consuming for key informants, which may hinder its quality

NCPI - PARTA [to be administered to government officials]

Organization	Names/Positions	A.I	A.II	A.III	A.IV	A.V	A.VI
AIDS office	responsible Expert	Yes	Yes	Yes	Yes	Yes	Yes
Welfare Organization	Chief of AIDS committee	Yes	Yes	Yes	Yes	Yes	Yes
Prison Organization	Chief of Health office	Yes	Yes	Yes	Yes	Yes	Yes
Ministry ohf health	chief of AIDS office	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of interior	deputy of social affairs	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of education	Health Office	Yes	Yes	Yes	Yes	Yes	Yes
Blood Trasfusion Organization	Head of technical office	Yes	Yes	Yes	Yes	Yes	Yes
CCM	Vice president of CCM	Yes	Yes	Yes	Yes	Yes	Yes

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

Organization	Names/Positions	B.I	B.II	B.III	B.IV	B.V
Tehran Positive club	head of this club	Yes	Yes	Yes	Yes	Yes
one of PLWH ( member of CCM	Member of CCM	Yes	Yes	Yes	Yes	Yes
Iranian research center on HIV and AIDS	Head of IRCHA	Yes	Yes	Yes	Yes	Yes
HIVHUB (Regional center on HIV serveillance	Head of HIVHUB	Yes	Yes	Yes	Yes	Yes
NGO working on HIV	Ramin Radfar (its head)	Yes	Yes	Yes	Yes	Yes
UNAIDS	country coordinator	Yes	Yes	Yes	Yes	Yes
one NGO working on HIV	Ms Daryooshi (head of this NGO	Yes	Yes	Yes	Yes	Yes

## A - I. STRATEGIC PLAN

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

**(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as the ones listed under 1.2):**

Yes

**IF YES, what was the period covered:**

9 years

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

**IF NO or NOT APPLICABLE, briefly explain why.:**

-Monitoring and evaluation added to second and third strategic plan. -Focus is on prevention through sexual transmission

1.1 Which government ministries or agencies

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

AIDS National Committee

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

SECTORS

**Included in Strategy Earmarked Budget**

Yes	Yes

**Other [write in]:**

children and prisoners

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

-

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

**Men who have sex with men:**

Yes

**Migrants/mobile populations:**

Yes

**Orphans and other vulnerable children:**

Yes

**People with disabilities:**

Yes

**People who inject drugs:**

Yes

**Sex workers:**

Yes

**Transgendered people:**

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 identified?:**

-

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

MSM, Migrants, Orphans, People with disabilities, people who inject drugs, sex workers, transgendered people, women and girls, young women/men

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

1.6. Does the multisectoral strategy or operational plan include

**a) Formal programme goals?:**

Yes

**b) Clear targets or milestones?:**

Yes

**c) Detailed costs for each programmatic area?:**

Yes

**d) An indication of funding sources to support programme implementation?:**

Yes

**e) A monitoring and evaluation framework?:**

Yes

1.7

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

Moderate involvement

**IF NO or MODERATE INVOLVEMENT, briefly explain why this was the case:**

HIV is a hot and sensitive topic (politically & socially)

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

Yes

1.9

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

Yes, all partners

**2. Has the country integrated HIV into its general development plans such as in: (a) National Development Plan; (b) Common Country Assessment / UN Development Assistance Framework; (c) Poverty Reduction Strategy; and (d) sector-wide approach?:**

Yes

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

**Common Country Assessment/UN Development Assistance Framework:**

Yes

**National Development Plan:**

Yes

**Poverty Reduction Strategy:**

Yes

**Sector-wide approach:**

Yes

**Other [write in]:**

-

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

**HIV impact alleviation:**

Yes

**Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support:**

Yes

**Reduction of income inequalities as they relate to HIV prevention/treatment, care and/or support:**

Yes

**Reduction of stigma and discrimination:**

No

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

Yes

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

Yes

**Other[write in below]:**

-

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

No

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

Yes

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

Yes

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

Yes

5.2. Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?:

Estimates of Current Needs Only

5.3. Is HIV programme coverage being monitored?:

Yes

5.3

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

Yes

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

Yes

IF YES, for which population groups?:

people living with HIV & their families, sex workers, Injection Drug Users, prisoners, students, adolescents, and young people

Briefly explain how this information is used:

For finding available gaps, future priorities and estimation of budget.

(c) Is coverage monitored by geographical area:

Yes

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

provincial level

Briefly explain how this information is used:

Estimate of the coverage by monitoring and evaluation Reflect the feedback to provinces

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:

Voluntary and Testing Counselling (VCT) centers provide treatment and care services including anti-retroviral medications.

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?:

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

Control of HIV among IDU -Establishment of registry and reporting system. -strengthen inter disciplinary cooperation. - Establishment of monitoring & evaluation committee -Establishment of second generation surveillance system in Kerman - Improvement and development of anti-retroviral therapy

**What challenges remain in this area:**

Social stigma on high risk group -Lack of programming for street children

**A - II. POLITICAL SUPPORT AND LEADERSHIP**

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

**A. Government ministers:**

Yes

**B. Other high officials at sub-national level:**

Yes

1.1

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

No

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

Lectures on AIDS World Day

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

Yes

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

**Have terms of reference?:**

Yes

**Have active government leadership and participation?:**

Yes

**Have an official chair person?:**

Yes

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

Ministry of Health

**Have a defined membership?:**

Yes

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

30 poeple

**Include civil society representatives?:**

Yes

**IF YES, how many?:**

2 people

**Include people living with HIV?:**

Yes

**IF YES, how many?:**

one people

**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:**

Increase coverage for harm reduction services -Establishment of provincial committees

**What challenges remain in this area:**

Limited capacity of Non Governmental Organizations -HIV related Stigma

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

5.

**Capacity-building:**

Yes

**Coordination with other implementing partners:**

Yes

**Information on priority needs:**

Yes

**Procurement and distribution of medications or other supplies:**

Yes

**Technical guidance:**

Yes

**Other [write in below]:**

Elimination of stigma & discrimination -Resource allocation

**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:**

Addiction is not a crime People living with HIV should be covered by insurance -Providing treatment & care services

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

Sex outside of marriage and homosexuality are crime.

**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?:**

6

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

Minister of Health talked about third wave(transmission by sexual contact) for the first time -Strengthen inter disciplinary cooperation

**What challenges remain in this area:**

Inadequate resource allocation -Stigma among some policy makers and public society -Limited access to vulnerable women and men who have sex with men.

## A - III. HUMAN RIGHTS

1.1

**People living with HIV:**

Yes

**Men who have sex with men:**

No

**Migrants/mobile populations:**

Yes

**Orphans and other vulnerable children:**

Yes

**People with disabilities:**

Yes

**People who inject drugs:**

Yes

**Prison inmates:**

Yes

**Sex workers:**

No

**Transgendered people:**

No

**Women and girls:**

Yes

**Young women/young men:**

Yes

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

-

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

Yes

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

-Article 3, 19 and 20:all people are equal in law. -Article 23: Point out freedom of idea

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

- Judiciary is responsible for the implementation. -Article 91: Guardian council is also responsible.

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

The most of key people believe the laws are not implemented completely.

**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:**

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 :**

Yes

**Prison inmates:**

Yes

**Sex workers:**

No

**Transgendered people:**

No

**Women and girls:**

Yes

**Young women/young men:**

Yes

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

-

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

-Provide HIV related services for all infected people. -Provide preventive services for prisoners. -Put emphasis on harm reduction programs.

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

Regulation of addiction prevention: the addicted persons who are under treatment are not wrongdoer.

## A - IV. PREVENTION

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

Yes

IF YES, what key messages are explicitly promoted?

**Abstain from injecting drugs:**

Yes

**Avoid commercial sex:**

Yes

**Avoid inter-generational sex:**

No

**Be faithful:**

Yes

**Be sexually abstinent:**

Yes

**Delay sexual debut:**

Yes

**Engage in safe(r) sex:**

Yes

**Fight against violence against women:**

No

**Greater acceptance and involvement of people living with HIV:**

Yes

**Greater involvement of men in reproductive health programmes:**

Yes

**Know your HIV status:**

Yes

**Males to get circumcised under medical supervision:**

Yes

**Prevent mother-to-child transmission of HIV:**

Yes

**Promote greater equality between men and women:**

No

**Reduce the number of sexual partners:**

Yes

**Use clean needles and syringes:**

Yes

**Use condoms consistently:**

Yes

**Other [write in below]:**

Avoid tattooing under non standard conditions.

**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?:**

No

**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:**

-Educational programs were included in the country strategy. -Harm reduction programs -Hot lines for telephonic consultations

**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	-
Yes	No	No	No	Yes	-
Yes	Yes	Yes	Yes	Yes	-
Yes	No	No	No	No	-
Yes	Yes	Yes	Yes	Yes	-
Yes	Yes	Yes	No	Yes	-
Yes	Yes	Yes	Yes	Yes	-
Yes	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?:**

7

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

Mass media has more active role rather than past. -Knowledge of young people about HIV transmission and prevention has been increased.

**What challenges remain in this area:**

Stigma stops the effective educational programs. -Limited access to sex workers and men who have sex with men.

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

Yes

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

Behavioral studies behavioural studies -Evaluation of knowledge and attitude in different groups.

4.1. To what extent has HIV prevention been implemented?

**Blood safety:**

Strongly Agree

**Condom promotion:**

Disagree

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

Strongly Agree

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

Disagree

**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:**

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:**

Agree

**Other[write in]:**

-

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

7

## **A - V. TREATMENT, CARE AND SUPPORT**

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

Yes

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

-To provide treatment and care services by voluntary counselling and testing (VCT)centers. -voluntary counselling and testing - HIV testing for patients with tuberculosis. -Prevention of mother to child transmission. -To provide care and support by positive clubs -to held educational classes by peer groups.

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

All people living with HIV and their families should receive care and support services. -Based on diagnosis of infectious diseases specialist and clinical & para clinical assessment -Based on treatment and care guideline.

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

**Antiretroviral therapy:**

Agree

**ART for TB patients:**

Agree

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

Strongly Agree

**Early infant diagnosis:**

Agree

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

Disagree

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

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):**

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:**

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?:**

Yes

**Please clarify which social and economic support is provided:**

Insurance -Psychosocial support by positive club Programs for empowerment and job creation.

**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?:**

Anti-retroviral medications -Condoms -Substitution medications -Diagnostic kits

**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?:**

6

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

Generally, treatment, care and support services have been improved. -Update of country guideline. -To provide anti-retroviral medications and increase access to them. -To assign insurance for people living with HIV -to increase VCT centers -to establish positive clubs

**What challenges remain in this area:**

-Lack of easy access to VCT -Stigma among health providers -Lack of access to treatment of hepatitis C -Limited access to dentistry services -Lack of financial sources for home care

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

Yes

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

Yes

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

Yes

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

No

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

-

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

3

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

There is a standard definition for street and vulnerable children -To provide guideline for this group by welfare organization -To implement sero behavioral study among street children.

**What challenges remain in this area:**

Limited access to orphan children. -Limited budget for providing services. -There is no exact estimates for this group. -There are not enough regulations for supporting this group.

## 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 a lot of indicators. Lack of access to data of all groups -Data registry system is not exact.

**1.1 IF YES, years covered:**

4 years

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

Yes, all partners

**Briefly describe what the issues are:**

-

2. Does the national Monitoring and Evaluation plan include?

**A data collection strategy:**

Yes

**Behavioural surveys:**

Yes

**Evaluation / research studies:**

Yes

**HIV Drug resistance surveillance:**

Yes

**HIV surveillance:**

Yes

**Routine programme monitoring:**

Yes

**A data analysis strategy:**

Yes

**A data dissemination and use strategy:**

Yes

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

Yes

**Guidelines on tools for data collection:**

Yes

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

Yes

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

5%

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

Yes

**Briefly describe any obstacles:**

There are a lot of indicators. -Limited access to hidden populations. - There is no exact Data registry system in all organizations

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

**In the Ministry of Health?:**

Yes

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

-

**Elsewhere [write in]?:**

-

Permanent Staff [Add as many as needed]

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

expert	yes	-	4 years
expert for surveillance	yes	-	4 years

Temporary Staff [Add as many as needed]

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

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

Yes

**Briefly describe the data-sharing mechanisms:**

to held M&E meetings for coordination of key partners

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

There are a lot of indicators. -The number of key partners is very numerous.

**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.:**

This database includes target population, geographical coverage, number of infected people, the centers provide treatment and care services. National AIDS committee 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

6.2. Is there a functional Health Information System?

**At national level:**  
Yes

**At subnational level:**  
Yes

**IF YES, at what level(s)?:**  
provincial 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]:**  
-

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

To determine general and specific objectives of country programs. -Periodic review of program. Challenge: -Limited resource allocation

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

**At national level?:**  
Yes

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

**At subnational level?:**  
Yes

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

**At service delivery level including civil society?:**  
Yes

**IF YES, how many?:**  
100 people

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

Yes

**IF YES, describe what types of activities:**

To provide checklists -To held educational classes for staff who works in schools. - to provide the similar guideline.

**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:**

establish M&E committee -to setup software programs for report -To strengthen surveillance system.

**What challenges remain in this area:**

-There are a lot of indicators. -The number of key partners is very numerous. -Lack of access to data of all groups. -Data registry system is not exact.

## **B - I. CIVIL SOCIETY INVOLVEMENT**

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

2

**Comments and examples:**

Religious groups, academic institutions and research centers have close relation with policy makers -Role of civil society groups in process of national policies making is not adequately sufficient.

**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:**

Positive clubs guideline was mainly prepared, revised and implemented by non governmental organizations (NGOs).

3.

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

3

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

2

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

3

**Comments and examples:**

- Civil society groups participate more in implementation of AIDS programs rather than act as a decision maker.

4.

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

3

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

:

3

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

2

**Comments and examples:**

-M&E programs can be arranged within civil society groups to function as a self reliance checker.

**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)?:**

3

**Comments and examples:**

- There are positive clubs, Methadone Maintenance Therapy (MMT),dropping centers (DIC) and camps which provide related services to the above organizations.

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

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

2

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

3

**Comments and examples:**

-The majority of civil societies rely on governmental financial support.

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

**People living with HIV:**

51-75%

**Men who have sex with men:**

<25%

**People who inject drugs:**

51-75%

**Sex workers:**

<25%

**Transgendered people:**

<25%

**Testing and Counselling:**

25-50%

**Reduction of Stigma and Discrimination:**

25-50%

**Clinical services (ART/OI)\*:**

<25%

**Home-based care:**

<25%

**Programmes for OVC\*\*:**

25-50%

**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?:**

5

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

civil society groups participate in Country coordinating Mechanism (CCM). -Increasing in number of civil society organizations. - Empowerment of civil society institutions. -Establishment of positive clubs. -Increasing activities of civil society groups in harm reduction programs

**What challenges remain in this area:**

Inadequate number of powerful NGOs -Negative view of some policy makers regarding the role and participation of civil society groups

## **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:**

Use peer groups for education and consultation. -Two people infected by HIV are member of Country coordinating mechanism (CCM). -To attend in positive club administration -to involve in monitoring and evaluation programs

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

1.1.

**People living with HIV:**

Yes

**Men who have sex with men:**

No

**Migrants/mobile populations:**

Yes

**Orphans and other vulnerable children:**

Yes

**People with disabilities:**

Yes

**People who inject drugs:**

Yes

**Prison inmates:**

Yes

**Sex workers:**

No

**Transgendered people:**

No

**Women and girls:**

Yes

**Young women/young men:**

Yes

Other specific vulnerable subpopulations [write in]:

-

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

Yes

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

-Article 3, 19 and 20:all people are equal in law. -Article 23: Point out freedom of idea

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

-Judiciary is responsible for the implementation. -Article 91: Guardian council is also responsible.

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

The most of key people believe the laws are not implemented completely.

**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:**

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:**

Yes

**Prison inmates:**

Yes

**Sex workers:**

No

**Transgendered people:**

No

**Women and girls:**

Yes

**Young women/young men:**

Yes

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

-

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

-Provide HIV related services for all infected people. -Provide preventive services for prisoners. -Put emphasis on harm reduction programs.

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

-Regulation of addiction prevention: the addicted persons who are under treatment are not perceived criminal.

**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:**

- women protection law -Criminalization of citizens harassments

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

No

**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?:**

-People with high risk behaviors like IDU for harm reduction services -Treatment services for people living with HIV, pregnant women, newborns and infants -Services for inmates -Voluntary counselling and testing for whole population focusing on youths.

**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:**

-Syringe exchange programs for IDUs -Dropping centers (DIC) for IDUs -Voluntary Counselling and Testing centers - Counselling centers for vulnerable women

8.1

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

Yes

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

- Dropping centers (DIC) for sex workers -VCT, MMT and dropping centers for IDUs -Clinics for transgender populations

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

Yes

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

-Prohibition of HIV screening for employment

**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 enforcement on HIV and human rights issues that may come up in the context of their work?:**

Yes

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

**a. Legal aid systems for HIV casework:**

Yes

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

Yes

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

Yes

**IF YES, what types of programmes?:**

**Programmes for health care workers:**

Yes

**Programmes for the media:**

Yes

**Programmes in the work place:**

Yes

**Other [write in]:**

Programmes for religious leaders Programmes for people living with HIV

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?:

4

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

-Policies regarding treatment and care have been implemented appropriately. -Beginning of new era related to open dialogue and exchange of ideas shared by policy makers, religious leaders and mass media.

What challenges remain in this area:

-Perception of taboo regarding men who have sex with men and sex workers -Inadequate media giving information regarding legal aspects of HIV issues. -Inadequate awareness of people living with HIV regarding self protection and the legal rights.

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

4

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

-

What challenges remain in this area:

-

## B - IV. PREVENTION

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

Yes

IF YES, how were these specific needs determined?:

-By identifying at risk and high risk groups -By rapid assessment -By second generation surveillance system -By recent researches -By opinion of experts

1.1 To what extent has HIV prevention been implemented?

**Blood safety:**

Strongly Agree

**Condom promotion:**

Disagree

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

Strongly Agree

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

Disagree

**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:**

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:**

Agree

**Other [write in]:**

-

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

7

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

Education for at risk population and public society about HIV transmission routes and prevention -Hot lines: telephonic

consultations -Increase number of Voluntary Counselling and Testing (VCT) centers around the country -Establishment consulting centers for vulnerable women

**What challenges remain in this area:**

Mass media does not talk enough about sexual transmission -Stigma and discrimination is high in the society -Prevention is not enough among sex workers and men who have sex with men. -Prevention mother to child transmission is not enough currently.

## **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:**

-To provide treatment and care services by voluntary counselling and testing (VCT)centers. -voluntary counselling and testing - Prevention of mother to child transmission. -To provide care and support by positive clubs -to held educational classes by peer groups.

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

-Based on diagnosis of infectious diseases specialist and clinical & para clinical assessment -Based on treatment and care guideline.

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

**Antiretroviral therapy:**

Agree

**ART for TB patients:**

Agree

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

Strongly Agree

**Early infant diagnosis:**

Agree

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

Disagree

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

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:**

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:**

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:**

Strongly Agree

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

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:**

provide anti-retroviral medications and increase access to them. -To assign insurance for people living with HIV -to increase VCT centers -to establish positive clubs What challenges remain in this area: -Stigma among health providers -Lack of access to treatment of hepatitis C -Limited access to dentistry services -Lack of financial sources for home care

**What challenges remain in this area:**

Stigma among health care provider Lack of access to treatment of hepatitis C Limited access to dentistry services Lack of financial sources for home care

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

Yes

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

Yes

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

Yes

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

No

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

-

**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?":**

3

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

-

**What challenges remain in this area:**

-There is no exact estimates for this group.

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**Source URL:** <http://aidsreportingtool.unaids.org/96/iran-islamic-republic-report-ncpi>