

Occupied Palestinian Territory NCPI

NCPI Header

is indicator/topic relevant?: Yes

is data available?: Yes

Data measurement tool / source: NCPI

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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 process for data gathering was completed through utilization of NCPI questionnaire for both key informants interviews from government and civil society.

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

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

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

Organization	Names/Positions	Respondents to Part A
Ministry of Health	Dr.Asad Ramlawi/ Director General Primary health care and public health	A1,A2,A3,A4,A5,A6
Ministry of Health	Dr.Dia Hojeje/ director of Preventive medicine department	A1,A2,A3,A4,A5,A6
Ministry of Health	Lubna Sader/ director of health promotion and education department	A1,A2,A4,A5
Ministry of labor	Mrs Iham Nsoor / head of division	A1,A2,A4
Ministry of Media	Mr. Kameel Abu Shameh / journalist	A1,A2,A4
Ministry of social affairs	Mr. Nabil Kabaha / DG rehabilitation	A1,A2,A4
Ministry of Interior	Dr. Rafat Abu Namous / medical doctor	A1,A2,A4
Ministry of religious Affairs	Mr. Khamees Abdeh/ Deputy minister	A1,A2,A3,A4

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

Organization	Names/Positions	Respondents to Part B
Palestinian family planning & protection association (PFPPA)	Mrs Ameneh Starvidess/ Executive director	B1,B2,B3,B4,B5
Al Maqdisee	Mr. Essam Jwaihan / Program director	B1,B2,B3,B4,B5
UNFPA	Dr. Ali Al Shaar/ national RH officer	B1,B2,B3,B4,B5
UNODC	Khaldon Owais / coordination officer	B1,B2,B3,B4,B5
PLWHIV	No Name for confidentiality reason	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: 2014-2018

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 current strategy provides more information in relation to the current epidemic situation in Palestine, mainly the dynamic of vulnerability among key affected population. It provides also more focus on the strategies and action to respond to the need of those infected and affected.

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?: The overall responsibility is for the national AIDS committee (NAC) with the leadership of the ministry of health (MOH). Other ministries involved are: • Ministry of health • Ministry of education • Ministry of labor • Ministry of information • Ministry of interior • Ministry of culture • Ministry of social affairs • Higher council of youth and sports • Ministry of religious affairs Civil society agencies involved: • Palestinian medical relief society • Juzoor for health and social development • Palestinian family planning and protection association • Almaqdesse • UNRWA

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: No

Health:

Included in Strategy: Yes

Earmarked Budget: Yes

Labour:

Included in Strategy: Yes

Earmarked Budget: No

Military/Police:

Included in Strategy: No

Earmarked Budget: No

Social Welfare:

Included in Strategy: Yes

Earmarked Budget: No

Transportation:

Included in Strategy: No

Earmarked Budget: No

Women:

Included in Strategy: No

Earmarked Budget: No

Young People:

Included in Strategy: Yes

Earmarked Budget: No

Other: Religion , Media & culture

Included in Strategy: Yes

Earmarked Budget: No

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?: All above sectors are members of the NAC, and since the NAC was established based on a high political decision therefore NAC act as an umbrella for all HIV and AIDS prevention activities in the country, and all sectors interventions were included in the NAC work plan for the years 2009-2013 funded from the Global fund. Currently the national HIV program led by MOH is supporting the continuity of NAC activities.

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: No

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: No

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations: No

SETTINGS:

Prisons: Yes

Schools: Yes

Workplace: No

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?:

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: No

People with disabilities: No

People who inject drugs: Yes

Prison inmates: Yes

Sex workers: Yes

Transgender people: No

Women and girls: Yes

Young women/young men: Yes

Other specific key populations/vulnerable subpopulations [write in]:

: No

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)?: No

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?: No

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?: Active involvement

IF ACTIVE INVOLVEMENT, briefly explain how this was organised.: Since the establishment of the NAC, the presence of civil society was ensured, and with the strengthening and reactivation of NAC, more civil society organizations involved as members. One of the civil society organizations (Juzoor) conducted the mapping for other NGOs or CBOs working in the field of HIV prevention directly or indirectly, this mapping helped in the planning efforts for HIV prevention in Palestine. Other organizations as Maqdissee assisted the NAC to initiate the work with people who use and inject drugs. (Two bio behavioral surveys were done through Almaqdissee targeting people who use drugs). As for PMRS they also developed the national stigma reduction strategy to institutionalize the fight against stigma in the country.

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

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:

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): Yes

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

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

Reduction of stigma and discrimination: Yes

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

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

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?:

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: At the level of infrastructure, MOH has created a special clinic which meet all the needs of PLHIV, the services at the clinic include: • Free of charge Treatment (100% for those who are eligible for treatment according to WHO 2013 treatment guidelines) • Counseling: well trained counselors to provide counseling for HIV patients on all healthy life styles matters. • Medical tests and follow up: there are 3 well trained doctors providing continuous checkup for all patients. (all medical tests, viral load, CD4....) • Psychosocial support: well-trained psychologists working in the clinic to provide psychosocial support • Dental care: which is a unique service in the whole Arab region, one dentist working to take care of all dental problems with PLHIV? • Medications All these services are being monitored by WHO and during their last international mission to Palestine they strongly recognize the importance of the

services being administered to PLHIV and they would recommend to transfer the Palestinian model to Italy.

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:** Many
- e) **ART and Tuberculosis:** Many
- f) **ART and general outpatient care:** Many
- g) **ART and chronic Non-Communicable Diseases:** Many
- h) **PMTCT with Antenatal Care/Maternal & Child Health:** Few
- i) **Other comments on HIV integration:** :

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?: 9

Since 2011, what have been key achievements in this area: - Development of the national HIV response strategy - Development of the national stigma reduction strategy - Development of national condom promotional strategy. - National Strategy to address HIV Prevention, Treatment and Care among Drug Users and in Prison Settings - Adaptation of ART WHO guidelines - Blood safety national policy - Finalization of seven researches and studies in the field of HIV and AIDS - Opening of special clinic integrated within primary health care clinic. - Expanding of the NAC membership to include more ministries and civil society organizations. - Creating sub NAC committees in all Palestinian districts with the same criteria for membership and the same functions to expand and cover all HIV related issues.

What challenges remain in this area: - High level of stigma in the Palestinian society - Lack of continuous financial support - Lack of evidence base data in to relation to MSM specifically - Unstable political environment -

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: Mainly during the WAD celebration yearly, ministers & their deputies demonstrated high commitment & leader ship to enhance HIV prevention efforts in Palestine.

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?: Dr. Asad Ramlawi , DG PHC & PH)

Have a defined membership?: Yes

IF YES, how many members?: 18

Include civil society representatives?: Yes

IF YES, how many?: 4

Include people living with HIV?: Yes

IF YES, how many?: 2

Include the private sector?: No

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 coordination between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?: Yes

IF YES, briefly describe the main achievements:: - Private sector involvement was ensured by inviting them to launching of national strategies as condom promotion strategy & their participation in planning strategic actions for the country.

What challenges remain in this area:: - Limited control measures over the work of private sector.

4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?: 5

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: Yes

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?: Yes

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::

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?: 8

Since 2011, what have been key achievements in this area:: - High official at the MORA (both Muslims & Christian affairs) highly committed to the NAC vision - The NAC succeeded to bring HIV rated top priority on the political agenda - Ministry of Education/ introduced HIV & STIs related topic to the curricula - Gaining the approval of ministry of interior (police department) to conduct further investigation on people using drugs inside the prison

What challenges remain in this area:: - Some high officials still don't recognize HIV as a problem in Palestine - More advocacy still needed

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: 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: Yes

Prison inmates: No

Sex workers: No

Transgender people: No

Women and girls: Yes

Young women/young men: Yes

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?:

No

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

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

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

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?: No

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

People living with HIV: No

Elderly persons: No

Men who have sex with men: No

Migrants/mobile populations: No

Orphans and other vulnerable children: No

People with disabilities: No

People who inject drugs: No

Prison inmates: No

Sex workers: No

Transgender people: No

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::

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: No

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: No

Know your HIV status: Yes

Males to get circumcised under medical supervision: Yes

Prevent mother-to-child transmission of HIV: Yes

Promote greater equality between men and women: Yes

Reduce the number of sexual partners: Yes

Use clean needles and syringes: Yes

Use condoms consistently: Yes

Other [write in]: VCT

: Yes

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

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?: 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:: National Strategy to address HIV Prevention, Treatment and Care among Drug Users and in Prison Settings

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

People who inject drugs: Condom promotion, Drug substitution therapy, HIV testing and counseling, Needle & syringe exchange, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education, Vulnerability reduction (e.g. income generation)

Men who have sex with men:

Sex workers:

Customers of sex workers:

Prison inmates: Condom promotion, Drug substitution therapy, HIV testing and counseling, Needle & syringe exchange, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education, Vulnerability reduction (e.g. income generation)

Other populations [write in]:

:

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:: - National awareness campaigns - Development of communication strategy - Updating and developing new promotional materials in the field of HIV prevention - Expand training for NAC and DMDTS and their member organizations (district multi-disciplinary teams) - Two Exposure visits to Egypt and Jordan for exchanging of information and experience with other countries. - VCT: integration of VCT within all PHC clinics at all directorates. - 600,000 condoms distributed since 2011 - Screening all blood donated samples for HIV (policy)

What challenges remain in this area:: - Budget constraints - Political situation in Palestine

4. Has the country identified specific needs for HIV prevention programmes?: No

IF YES, how were these specific needs determined?:

IF YES, what are these specific needs? :

4.1. To what extent has HIV prevention been implemented?

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

Blood safety: Strongly disagree

Condom promotion: Strongly disagree

Economic support e.g. cash transfers: Agree

Harm reduction for people who inject drugs: Strongly disagree

HIV prevention for out-of-school young people: Strongly disagree

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: Agree

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: Agree

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: Strongly disagree

Treatment as prevention: N/A

Universal precautions in health care settings: Strongly disagree

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?: 10

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:: According to WHO ART guidelines Elements prioritized and sustained: - Availability of HIV drugs (for both adults and children) - Availability of CD4 regents and kits - Availability of viral load reagents and kits - Psychosocial support

Briefly identify how HIV treatment, care and support services are being scaled-up?: - Previously services were offered outside Palestine, mainly in Jordan and Israel. Currently all services to HIV patients were provided in the country, with high quality standards.

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 disagree

ART for TB patients: Strongly disagree

Cotrimoxazole prophylaxis in people living with HIV: Agree

Early infant diagnosis: Agree

Economic support: Agree

Family based care and support: Agree

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

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: Strongly disagree

Paediatric AIDS treatment: Strongly disagree

Palliative care for children and adults Palliative care for children and adults: N/A

Post-delivery ART provision to women: Strongly disagree

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

Post-exposure prophylaxis for occupational exposures to HIV: Strongly disagree

Psychosocial support for people living with HIV and their families: Strongly disagree

Sexually transmitted infection management: Strongly disagree

TB infection control in HIV treatment and care facilities: Strongly disagree

TB preventive therapy for people living with HIV: Disagree

TB screening for people living with HIV: Agree

Treatment of common HIV-related infections: Strongly disagree

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: Yes it is being provided, however not based on a policy strategy. - Deal with depression as a common issue between all patients through individual counseling. - Work with patient and their families to accept their HIV status - Introducing patient to each other for providing mutual support. - Provide support to families having members with risky behaviours As for economic support, giving cash to patient is not a policy unless there is donations for outsiders and it dealt with it case by case

3. Does the country have a policy or strategy for developing/using generic medications or parallel importing of medications for HIV?: No

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?: 10

Since 2011, what have been key achievements in this area?: - updating and endorsement of WHO ART guidelines. - treatment was offered for all patients regardless of their social status or any other factors and it is provided free of charge. - Psychosocial support is a special component of the service - Dental support is very unique for Palestine since no other country in the region is providing special dental care for PLHIV.

What challenges remain in this area?: - Main challenge in the compliance of PLHIV to adhere to their treatment. - Sometimes, the issue of confidentiality between the patient and the service provider needs to be build up. - Difficulty to have all kits and reagents available every time needed. (so the patient diagnosed based on clinical examination only, especially with the initiation of the drug therapy).

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

6.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?: No

6.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?: No

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?: 3

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

What challenges remain in this area?:

A.VI Monitoring and evaluation

1. Does the country have one national Monitoring and Evaluation (M&E) plan for HIV?: In Progress

Briefly describe any challenges in development or implementation::

1.1. IF YES, years covered:

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

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: Yes

HIV Drug resistance surveillance: No

HIV surveillance: Yes

Routine programme monitoring: Yes

A data analysis strategy: Yes

A data dissemination and use strategy: Yes

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

Guidelines on tools for data collection: Yes

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

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

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

Briefly describe any obstacles:: the unit is project based - the main obstacle that the unit is based on the GF project and it needs to be sustainable within the NAC structure.

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

In the Ministry of Health?: Yes

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

Elsewhere?: 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	Full-time	2012/ linked to GF project

POSITION [write in position titles]	Fulltime or 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:: Specific forms and templates to report on number of : - VCT - Condom distribution - STIs reports - All activities related to HIV implementation

What are the major challenges in this area:: - On time reporting - Misunderstanding of new forms introduced to the program - Lack of commitment to the reporting from the private sector (STIs notification , condom distributions) - Further verification for data collected is needed sometimes

5. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?: No

6. Is there a central national database with HIV- related data?: Yes

IF YES, briefly describe the national database and who manages it.: The database is part of the preventive medicine department (epidemiology department) under MOH, where all data collected from all districts were entered and analyzed by SPSS. Microsoft excel

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: No

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?: Estimates of Current and Future Needs

7.2. Is HIV programme coverage being monitored?: Yes

(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?: STI patients, prisoners, MSM, people who use drugs, migrant workers

Briefly explain how this information is used:: for planning purposes

(c) Is coverage monitored by geographical area?: Yes

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

Briefly explain how this information is used:: At National level

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

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: - Based on STIs survey conducted in 2011, it was clear that the prevalence of some STIs were among women residing in specific locations, therefore this kind of information has helped the planning efforts for that areas and in allocation more resources.

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?: 5

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

What challenges remain in this area::

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?: 4

Comments and examples:: role is high but the space is limited. also limited number of NGOs are included in the response.

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)?: 1

Comments and examples: - Civil society included mainly in planning but not in budgeting.

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?: 4

b. The national HIV budget?: 1

c. The national HIV reports?: 2

Comments and examples:

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?: 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?: 4

Comments and examples:

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: no much diversity. only health linked 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?: 3

b. Adequate technical support to implement its HIV activities?: 5

Comments and examples:

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%

Men who have sex with men: <25%

People who inject drugs: 51-75%

Sex workers: <25%

Transgender people: <25%

Palliative care : 51-75%

Testing and Counselling: >75%

Know your Rights/ Legal services: 51-75%

Reduction of Stigma and Discrimination: >75%

Clinical services (ART/OI): >75%

Home-based care: 25-50%

Programmes for OVC: <25%

8. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to increase civil society participation in 2013?: 7

Since 2011, what have been key achievements in this area: - clear identification and harm reduction programs for people who use or inject drugs. - break the taboo related to working with sex workers. -VCT and outreach programs - discrimination and stigma programs - more involvement of other CBOs - capacity building for some NGOS

What challenges remain in this area: - stigma still at high level - unstable political situation - limited financial resources - complementary role between civil society and government. -individual not national commitment - safety and security for the staff -movement of locations of shooting galleries (PUD)

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: Yes

Men who have sex with men: No

Migrants/mobile populations: No

Orphans and other vulnerable children: Yes

People with disabilities: Yes

People who inject drugs: No

Prison inmates: No

Sex workers: No

Transgender people: No

Women and girls: Yes

Young women/young men: Yes

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::

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

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

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: No

Migrants/mobile populations: No

Orphans and other vulnerable children: No

People with disabilities: No

People who inject drugs: No

Prison inmates: Yes

Sex workers: Yes

Transgender people: No

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.:

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:: linked to sexual and reproductive rights. workplace policy right to confidentiality right to treatment

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?: - treatment for all PLHIV
-Prevention for all general public with special focus on risk population. - HIV related care and support for PLHIV

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:: all PLHIV are eligible to have access to treatment regardless of any factors

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: Yes

b. Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts: Yes

IF YES on any of the above questions, describe some examples:: based on NAC recommendations and national HIV strategy.

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]: juvenile children, and also general public and women.

: No

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?: 6

Since 2011, what have been key achievements in this area:: - updated law for drug prevention - more awareness of PLHIV and at risk population to the services offered.

What challenges remain in this area:: - stigma and discrimination. - previous judgment. - political situation

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::

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?: -

IF YES, what are these specific needs? : - raise awareness of people - work with most at risk population - mitigating stigma and discrimination - treatment for PLHIV

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: Strongly agree

Harm reduction for people who inject drugs: Strongly agree

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

HIV prevention in the workplace: Agree

HIV testing and counseling: Strongly agree

IEC on risk reduction: Strongly agree

IEC on stigma and discrimination reduction: Agree

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: Strongly agree

Risk reduction for intimate partners of key populations: Strongly agree

Risk reduction for men who have sex with men: Disagree

Risk reduction for sex workers: Disagree

School-based HIV education for young people: Agree

Universal precautions in health care settings: 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?: 8

Since 2011, what have been key achievements in this area?: - available surveys and studies on key affected population
- awareness programs for key affected population - availability of rapid test which facilitate identification of HIV cases. - outreach programs - high political commitments

What challenges remain in this area?: - conservative community - not seen as a priority - tools and methods used for transferring healthy messages.

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?: Yes

IF YES, Briefly identify the elements and what has been prioritized?: - free of charge treatment for all medical services (medications. support, care, all under high privacy)

Briefly identify how HIV treatment, care and support services are being scaled-up?: - widen the package of services to cover all needs of PLHIV including dental care -substitution therapy for people who inject drugs.

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: N/A

Cotrimoxazole prophylaxis in people living with HIV: N/A

Early infant diagnosis: Strongly agree

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

HIV testing and counselling for people with TB: Strongly agree

HIV treatment services in the workplace or treatment referral systems through the workplace: N/A

Nutritional care: Strongly agree

Paediatric AIDS treatment: Strongly agree

Post-delivery ART provision to women: Strongly agree

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

Post-exposure prophylaxis for occupational exposures to HIV: Strongly agree

Psychosocial support for people living with HIV and their families: Strongly agree

Sexually transmitted infection management: Agree

TB infection control in HIV treatment and care facilities: Strongly agree

TB preventive therapy for people living with HIV: Strongly agree

TB screening for people living with HIV: Strongly agree

Treatment of common HIV-related infections: Strongly agree

Other [write in]:

:

1.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2013?: 9

Since 2011, what have been key achievements in this area?: - expand medical services - availability of drugs

What challenges remain in this area?: - still more work to identify more cases. - economic support for PHIV

2. Does the country have a policy or strategy to address the needs of orphans and other vulnerable children?: No

2.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?: No

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?: 9

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

What challenges remain in this area::