

## Survey Response Details

### Response Information

**Started:** 4/8/2010 5:43:59 AM  
**Completed:** 5/25/2010 5:25:30 AM  
**Last Edited:** 5/25/2010 5:36:39 AM  
**Total Time:** 46.23:41:31.2760000

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### Response Details

#### Page 1

- 1) **Country**  
Palestine (0)
- 2) **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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- 7) **Date of submission:**  
Please enter in DD/MM/YYYY format  
21-4-2010

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- 8) **Describe the process used for NCPI data gathering and validation:**  
biological indicators behavioral indicators
- 9) **Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:**

indicator validation

10)

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

activities planned and budget allocated not needed

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11)

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

Organization Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 1 MoH DG	A.I, A.II, A.III, A.IV, A.V

12)

Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 2 Ministry of Education		A.II, A.III
Respondent 3 Ministry of Labor		A .II, A .III
Respondent 4 Ministry of media		A.II, A.III
Respondent 5 ministry of social affairs		A .I, A .II, A .III, A .IV, A .V
Respondent 6 ministry of culture		A.II
Respondent 7 ministry of youth & sport		A .I, A .II, A .III
Respondent 8 women		A.I, A.II, A.III, A.V
Respondent 9 ministry of Religious - Awqaf		A .I, A .II, A .III
Respondent 10 UNRWA		A.I, A.II, A.III, A.V
Respondent 11 Family planning		A .I, A .II, A .III
Respondent 12 Juzoor( NGOs)		A.I, A.II, A.III, A.V
Respondent 13 Palestinian Releif Medical Society		A .I, A .II, A .V
Respondent 14		
Respondent 15		
Respondent 16		

- Respondent 17
- Respondent 18
- Respondent 19
- Respondent 20
- Respondent 21
- Respondent 22
- Respondent 23
- Respondent 24
- Respondent 25

**13)**

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

Organization Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 1 PRMS      NGOs	B.III

**14)**

Organization Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 2 Juzoor	B.II
Respondent 3 WHO	B.I
Respondent 4 UNICEF	B.I
Respondent 5 UNDP	B.I
Respondent 6 UNFPA	B.I
Respondent 7	
Respondent 8	
Respondent 9	
Respondent 10	
Respondent 11	
Respondent 12	
Respondent 13	
Respondent 14	
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Respondent 21	

Respondent 22  
 Respondent 23  
 Respondent 24  
 Respondent 25

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15)

**Part A, Section 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 (0)

**Page 7**16) **Part A, Section I: STRATEGIC PLAN****Question 1 (continued)****Period covered:**

2010-2015

17)

**1.1 How long has the country had a multisectoral strategy?****Number of Years**

5

18)

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

	Included in strategy	Earmarked budget
Health	Yes	
Education	Yes	
Labour	Yes	
Transportation	No	
Military/Police	Yes	
Women	Yes	
Young people	Yes	
Other*	Yes	

**Page 8**19) **Part A, Section I: STRATEGIC PLAN**

**Question 1.2 (continued)****If "Other" sectors are included, please specify:**

Ministries of interior, Religion,NGOs

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20)

**Part A, Section I: STRATEGIC PLAN****1.3 Does the multisectoral strategy address the following target populations, settings and crosscutting issues?**

<b>Target populations</b>	
a. Women and girls	Yes
b. Young women/young men	Yes
c. Injecting drug users	Yes
d. Men who have sex with men	Yes
e. Sex workers	Yes
f. Orphans and other vulnerable children	Yes
g. Other specific vulnerable subpopulations*	No
<b>Settings</b>	
h. Workplace	Yes
i. Schools	Yes
j. Prisons	Yes
<b>Cross-cutting issues</b>	
k. HIV and poverty	Yes
l. Human rights protection	Yes
m. Involvement of people living with HIV	Yes
n. Addressing stigma and discrimination	Yes
o. Gender empowerment and/or gender equality	Yes

21)

**1.4 Were target populations identified through a needs assessment?**

Yes (0)

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22)

**Part A, Section I: STRATEGIC PLAN****Question 1.4 (continued)****IF YES, when was this needs assessment conducted?**

Please enter the year in yyyy format

2010

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23)

**Part A, Section I: STRATEGIC PLAN****1.5 What are the identified target populations for HIV programmes in the country?**

Sex Workers , IDUs, MSM, youth , Students, prisoners,

24)

**1.6 Does the multisectoral strategy include an operational plan?**

Yes (0)

25)

**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?	Yes
e. A monitoring and evaluation framework?	Yes

26)

**1.8 Has the country ensured “full involvement and participation” of civil society\* in the development of the multisectoral strategy?**

Moderate involvement (0)

**Page 12**

27)

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

because they are involved in awareness &amp; education

28)

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

Yes (0)

29)

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

Yes, all partners (0)

**Page 14**

30)

**Part A, Section I: STRATEGIC PLAN**

**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 (0)

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31)

**Part A, Section I: STRATEGIC PLAN**

**2.1 IF YES, in which specific development plan(s) is support for HIV integrated?**

a. National Development Plan	Yes
b. Common Country Assessment / UN Development Assistance Framework	Yes
c. Poverty Reduction Strategy	Yes
d. Sector-wide approach	N/A
e. Other: Please specify	

32)

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

<b>HIV-related area included in development plan(s)</b>	
HIV prevention	Yes
Treatment for opportunistic infections	Yes
Antiretroviral treatment	Yes
Care and support (including social security or other schemes)	Yes
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	No
Reduction of stigma and discrimination	Yes
Women's economic empowerment (e.g. access to credit, access to land, training)	Yes
Other: Please specify	No

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33)

**Part A, Section I: STRATEGIC PLAN**

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

No (0)

**Page 17**

34)

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

No (0)

**Page 19**

35)

**5. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations or other vulnerable subpopulations?**

No (0)

**Page 21**

36)

**Part A, Section I: STRATEGIC PLAN**

**6. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations or other vulnerable subpopulations?**

No (0)

**Page 23**

37)

**Part A, Section I: STRATEGIC PLAN**

**7. Has the country followed up on commitments towards universal access made during the High-Level AIDS Review in June 2006?**

No (0)

**Page 25**

38)

**Part A, Section I: STRATEGIC PLAN**

**7.3 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 (0)



39)

**7.4 Is HIV programme coverage being monitored?**

Yes (0)

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40)

**Part A, Section I: STRATEGIC PLAN****Question 7.4 (continued)****(a) IF YES, is coverage monitored by sex (male, female)?**

Yes (0)

41)

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

Yes (0)

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42)

**Part A, Section I: STRATEGIC PLAN****Question 7.4 (b) (continued)****IF YES, for which population groups?**

according WHO list( needed)

43)

**Briefly explain how this information is used:**

in routine quarterly report

**Page 28**44) **Part A, Section I: STRATEGIC PLAN****Question 7.4 (continued)****(c) Is coverage monitored by geographical area?**

Yes (0)

**Page 29**

45)

**Part A, Section I: STRATEGIC PLAN****Question 7.4 (c) (continued)**

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

district

46)

**Briefly explain how this information is used:**

reported from the districts to preventive medicine in MoH

47)

**7.5 Has the country developed a plan to strengthen health systems, including infrastructure, human resources and capacities, and logistical systems to deliver drugs?**

Yes (0)

**Page 30**

48)

**Part A, Section I: STRATEGIC PLAN**

**Question 7.5 (continued)**

**Overall, how would you rate strategy planning efforts in the HIV programmes in 2009?**

7 (7)

49)

**Since 2007, what have been key achievements in this area:**

- Multi sectoral approach - budget allocated - activities planned

50)

**What are remaining challenges in this area:**

- budget - Identification of high risky behavioural groups

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51)

**Part A, Section II: POLITICAL SUPPORT**

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

President/Head of government	No
Other high officials	Yes
Other officials in regions and/or districts	Yes

52)

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

Yes (0)

**Page 32**

53)

**2.1 IF YES, when was it created?**

Please enter the year in yyyy format

1996

54)

**2.2 IF YES, who is the Chair?**

Name	Dr. Asad Ramlawi
Position/title	DGPHC & PH

55)

**2.3 IF YES, does the national multisectoral AIDS coordination body:**

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

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56)

**Part A, Section II: POLITICAL SUPPORT**

**Question 2.3 (continued)**

**If you answer "yes" to the question "does the National multisectoral AIDS coordination body have a defined membership", how many members?**

Please enter an integer greater than or equal to 1

17

57)

**If you answer "yes" to the question "does the National multisectoral AIDS coordination body include civil society representatives", how many?**

Please enter an integer greater than or equal to 1

3

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58)

**Part A, Section II: POLITICAL SUPPORT**

**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 (0)

**Page 35**

59)

**Part A, Section II: POLITICAL SUPPORT**

**Question 3 (continued)**

**IF YES, briefly describe the main achievements:**

- adaptation of National policies by private - training

60)

**Briefly describe the main challenges:**

Gathering private sector - budget for incentives

61)

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

Please enter the rounded percentage (0-100)

20

62)

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

Information on priority needs	Yes
Technical guidance	No
Procurement and distribution of drugs or other supplies	No
Coordination with other implementing partners	Yes

Capacity-building	Yes
Other: Please specify	No

63)

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

Yes (0)

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64)

**Part A, Section II: POLITICAL SUPPORT**

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

Yes (0)

Page 37

65)

**Part A, Section II: POLITICAL SUPPORT**

**Question 6.1 (continued)**

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

- introduction of ART within essential drug list - condom distribution for private sector - improvement of surveillance system

66)

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

Behavioural surveillance

Page 38

67)

**Part A, Section II: POLITICAL SUPPORT**

**Question 6.1 (continued)**

**Overall, how would you rate the political support for the HIV programmes in 2009?**

8 (8)

68)

**Since 2007, what have been key achievements in this area:**

- National HIV response strategy - National Condom strategy

69)

**What are remaining challenges in this area:**

Policies related to high risky behaviore

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70)

**Part A, Section III: PREVENTION**

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

Yes (0)

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71)

**Part A, Section III: PREVENTION**

**1.1 IF YES, what key messages are explicitly promoted?**

Check for key message explicitly promoted (multiple options allowed)

- c. Be faithful (0)
- d. Reduce the number of sexual partners (0)
- e. Use condoms consistently (0)
- f. Engage in safe(r) sex (0)
- g. Avoid commercial sex (0)
- h. Abstain from injecting drugs (0)
- i. Use clean needles and syringes (0)
- j. Fight against violence against women (0)
- k. Greater acceptance and involvement of people living with HIV (0)
- l. Greater involvement of men in reproductive health programmes (0)
- m. Males to get circumcised under medical supervision (0)
- n. Know your HIV status (0)
- o. Prevent mother-to-child transmission of HIV (0)

72)

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

Yes (0)

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73)

**Part A, Section III: PREVENTION**

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

Yes (0)

74)

**2.1 Is HIV education part of the curriculum in:**

primary schools?	No
secondary schools?	Yes
teacher training?	Yes

75)

**2.2 Does the strategy/curriculum provide the same reproductive and sexual health education for young men and young women?**

Yes (0)

76)

**2.3 Does the country have an HIV education strategy for out-of-school young people?**

Yes (0)

77)

**3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for most-at-risk or other vulnerable sub-populations?**

Yes (0)

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78)

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

Check which specific populations and elements are included in the policy/strategy

Targeted information on risk reduction and HIV education	Injecting drug user, Men having sex with men, Sex workers, Clients of sex workers
Stigma and discrimination reduction	
Condom promotion	Injecting drug user, Men having sex with men, Sex workers
HIV testing and counselling	Injecting drug user, Men having sex with men, Sex workers, Clients of sex workers, Other populations
Reproductive health, including sexually transmitted infections prevention and treatment	
Vulnerability reduction (e.g. income generation)	
Drug substitution therapy	Injecting drug user, Men having sex with men, Sex workers
Needle & syringe exchange	Injecting drug user

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**79) Part A, III. PREVENTION**

**Question 3.1 (continued)**

**You have checked one or more policy/strategy for "Other populations". Please specify what are "other populations".**

pregnant women truck driver tourist students -

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**80)**

**Part A, III. PREVENTION**

**Question 3.1 (continued)**

**Overall, how would you rate the policy efforts in support of HIV prevention in 2009?**

7 (7)

**81)**

**Since 2007, what have been key achievements in this area:**

- working in risky behaviour groups (RBG)

**82)**

**What are remaining challenges in this area:**

- rehabilitation & follow up of R.B.G.

**Page 45**

**83)**

**Part A, III. PREVENTION**



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

Yes (0)

**Page 46**

84)

**Part A, III. PREVENTION****Question 4 (continued)****IF YES, how were these specific needs determined?**

- target population - economical situation( workers) - population value ( religion)

85)

**4.1 To what extent has HIV prevention been implemented?**The majority of people in need  
have access**HIV prevention component**

Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Agree
Condom promotion	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	Agree
Risk reduction for men who have sex with men	Agree
Risk reduction for sex workers	Agree
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	Agree
HIV prevention in the workplace	Agree
Other: please specify	

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86)

**Part A, III. PREVENTION****Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?**

8 (8)

87)

**Since 2007, what have been key achievements in this area:**

- R.B.G involvement in the program

88)

**What are remaining challenges in this area:**

- rehabilitation & follow up

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89)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT**

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

Yes (0)

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90)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT**

**1.1 IF YES, does it address barriers for women?**

No (0)

91)

**1.2 IF YES, does it address barriers for most-at-risk populations?**

No (0)

92)

**2. Has the country identified the specific needs for HIV treatment, care and support services?**

Yes (0)

**Page 50**

93)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT**

**Question 2 (continued)**

**IF YES, how were these determined?**

- by having national ART guidelines & drugs supply

94)

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

The majority of people in need  
have access

**HIV treatment, care and support service**

Antiretroviral therapy	Agree
Nutritional care	Don't agree
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Agree
Home-based care	N/A
Palliative care and treatment of common HIV-related infections	N/A
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	Agree
TB infection control in HIV treatment and care facilities	Agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Agree
HIV treatment services in the workplace or treatment referral systems through the workplace	Agree
HIV care and support in the workplace (including alternative working arrangements)	N/A
Other: please specify	

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95)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT**

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

Yes (0)

96)

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

Yes (0)

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97)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT**

**Question 4 (continued)****IF YES, for which commodities?:**

-regional offer of companies & countries guidelines

**Page 53**

98)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT**

**Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?**

6 (6)

99)

**Since 2007, what have been key achievements in this area:**

- ART guidelines

100)

**What are remaining challenges in this area:**

Training & implementation

**Page 54**

101)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT**

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

No (0)

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102)

**Part A, Section V: MONITORING AND EVALUATION**

**1. Does the country have *one* national Monitoring and Evaluation (M&E) plan?**

Yes (0)

**Page 58**

103)

**1.1 IF YES, years covered:**

**Please enter the start year in yyyy format below**

2010

104)

**1.1 IF YES, years covered:**  
**Please enter the end year in yyyy format below**

2015

105)

**1.2 IF YES, was the M&E plan endorsed by key partners in M&E?**

Yes (0)

106)

**1.3 IF YES, was the M&E plan developed in consultation with civil society, including people living with HIV?**

Yes (0)

107)

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

Yes, most partners (0)

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108)

**Part A, Section V: MONITORING AND EVALUATION**

**2. Does the national Monitoring and Evaluation plan include?**

a data collection strategy	Yes
a well-defined standardised set of indicators	Yes
guidelines on tools for data collection	Yes
a strategy for assessing data quality (i.e., validity, reliability)	Yes
a data analysis strategy	Yes
a data dissemination and use strategy	Yes

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109)

**Part A, Section V: MONITORING AND EVALUATION**

**Question 2 (continued)**

**If you check "YES" indicating the national M&E plan include a data collection strategy, then does this data collection strategy address:**

routine programme monitoring	Yes
behavioural surveys	Yes
HIV surveillance	Yes
Evaluation / research studies	Yes

110)

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

In progress (0)

**Page 64**

111)

**4. Are M&E priorities determined through a national M&E system assessment?**

Yes (0)

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112)

**Part A, Section V: MONITORING AND EVALUATION****Question 4 (continued)**

**IF YES, briefly describe how often a national M&E assessment is conducted and what the assessment involves:**

- by following WHO biological & behavioural indicators

113)

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

No (0)

**Page 66**

114)

**Part A, Section V: MONITORING AND EVALUATION****Question 5 (continued)**

**IF NO, what are the main obstacles to establishing a functional M&E Unit?**

- to involve it in MOH organo structure

**Page 69**

115)

**What are the major challenges?**

- organo structure staff TOR budget

**Page 70**

116)

**Part A, Section V: MONITORING AND EVALUATION**

**6. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?**

Yes, meets regularly (0)

117)

**6.1 Does it include representation from civil society?**

No (0)

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118)

**7. Is there a central national database with HIV- related data?**

Yes (0)

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119)

**Part A, Section V: MONITORING AND EVALUATION**

**7.1 IF YES , briefly describe the national database and who manages it:**

- centrally computerise system and management by preventive medicine department

120)

**7.2 IF YES, does it include information about the content, target populations and geographical coverage of HIV services, as well as their implementing organizations?**

Yes, all of the above (0)

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121)

**7.3 Is there a functional\* Health Information System?**

At national level	Yes
At subnational level	Yes

**Page 74****122) Part A, Section V: MONITORING AND EVALUATION**

**For Question 7.2, you have checked "Yes, but only some of the above", please specify what the central database has included.**

**For Question 7.3, you have indicated "Yes" to "subnational level", please specify at what level(s)?**

- at district level

**123)**

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

Yes (0)

**124)**

**9. To what extent are M&E data used**

**9.1 in developing / revising the national AIDS strategy?:**

3 (3)

**125)**

**Provide a specific example:**

- cases reported - treatment coverage

**126)**

**What are the main challenges, if any?**

- privacy - patient follow up

**Page 75****127) Part A, Section V: MONITORING AND EVALUATION**

**9.2 To what extent are M&E data used for resource allocation?**

1 (1)

**128)**

**Provide a specific example:**

- no budget allocated

**129)**

**What are the main challenges, if any?**



- is not apart of a system to have budget allocation

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130)

#### Part A, Section V: MONITORING AND EVALUATION

**9.3 To what extent are M&E data used for programme improvement?:**

4 (4)

131)

**Provide a specific example:**

- identification of RBG

132)

**What are the main challenges, if any?**

- follow up

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133) **Part A, Section V: MONITORING AND EVALUATION**

**10. Is there a plan for increasing human capacity in M&E at national, subnational and service-delivery levels?:**

Yes, at all levels (0)

### Page 78

134)

**10.1 In the last year, was training in M&E conducted**

At national level?	No
At subnational level?	No
At service delivery level including civil society?	No

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135)

**Part A, Section V: MONITORING AND EVALUATION**

**10.2 Were other M&E capacity-building activities conducted other than training?**

No (0)

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**136) Part A, Section V: MONITORING AND EVALUATION****Question 10.2 (continued)**

**Overall, how would you rate the M&E efforts of the HIV programme in 2009?**

7 (7)

**137)**

**Since 2007, what have been key achievements in this area:**

- working on RBG

**138)**

**What are remaining challenges in this area:**

- follow up of RBG

**Page 83****139)****Part B, Section I: HUMAN RIGHTS**

**1. Does the country have laws and regulations that protect people living with HIV against discrimination? (including both general non-discrimination provisions and provisions that specifically mention HIV, focus on schooling, housing, employment, health care etc.)**

No (0)

**Page 84****140)**

**2. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations and other vulnerable subpopulations?**

No (0)

**Page 86****141)****Part B, Section I. HUMAN RIGHTS**

**3. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations and other vulnerable subpopulations?**

No (0)

**Page 88****142) Part B, Section I. HUMAN RIGHTS**

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

Yes (0)

**Page 89****143)****Part B, Section I. HUMAN RIGHTS****Question 4 (continued)**

**IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:**

- privacy - treatment access - psychosocial support

**144)**

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

Yes (0)

**Page 90****145)****Part B, Section I. HUMAN RIGHTS****Question 5 (continued)**

**IF YES, briefly describe this mechanism:**

- discrimination of children at school because their parents are HIV positive

**146)**

**6. Has the Government, through political and financial support, involved people living with HIV, most-at-risk populations and/or other vulnerable subpopulations in governmental HIV-policy design and programme implementation?**

No (0)

**Page 91****147)**

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

- |   |     |
|---|-----|
| a. HIV prevention services                    | Yes |
| b. Antiretroviral treatment                   | Yes |
| c. HIV-related care and support interventions | Yes |

**Page 92**

148)

**Part B, Section I. HUMAN RIGHTS****Question 7 (continued)**

**IF YES, given resource constraints, briefly describe what steps are in place to implement these policies and include information on any restrictions or barriers to access for different populations:**

- covered by PH law

149)

**8. Does the country have a policy to ensure equal access for women and men to HIV prevention, treatment, care and support?**

Yes (0)

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150)

**Part B, Section I. HUMAN RIGHTS**

**8.1 In particular, does the country have a policy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?**

Yes (0)

151)

**9. Does the country have a policy to ensure equal access for most-at-risk populations and/or other vulnerable subpopulations to HIV prevention, treatment, care and support?**

Yes (0)

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152)

**Part B, Section I. HUMAN RIGHTS****Question 9 (continued)**

**IF YES, briefly describe the content of this policy:**

- HIV /AIDS is included among communicable diseases that should be prevented & treated free of charge by PH law

153)

**9.1 IF YES, does this policy include different types of approaches to ensure equal access for different most-at-risk populations and/or other vulnerable sub-populations?**

Yes (0)

**Page 95**

154)

**Part B, Section I. HUMAN RIGHTS****Question 9.1 (continued)****IF YES, briefly explain the different types of approaches to ensure equal access for different populations:**

- identification of target groups according to WHO policy

155)

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

Yes (0)

156)

**11.Does the country have a policy to ensure that HIV research protocols involving human subjects are reviewed and approved by a national/local ethical review committee?**

No (0)

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157)

**– 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 (0)

158)

**– Focal points within governmental health and other departments to monitor HIV-related human rights abuses and HIV-related discrimination in areas such as housing and employment**

No (0)

159)

– Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts

No (0)

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160)

**Part B, Section I. HUMAN RIGHTS**

**13. In the last 2 years, have members of the judiciary (including labour courts/ employment tribunals) been trained/sensitized to HIV and human rights issues that may come up in the context of their work?**

No (0)

161)

– Legal aid systems for HIV casework

No (0)

162)

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

No (0)

163)

– Programmes to educate, raise awareness among people living with HIV concerning their rights

Yes (0)

164)

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

Yes (0)

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165)

**Part B, Section I. HUMAN RIGHTS**

**Question 15 (continued)**

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

Media	Yes
School education	Yes

Personalities regularly speaking out Yes

Other: please specify

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166)

**Part B, Section I. HUMAN RIGHTS**

**Question 15 (continued)**

**Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2009?**

4 (4)

**Page 102**

167)

**Part B, Section I. HUMAN RIGHTS**

**Question 15 (continued)**

**Overall, how would you rate the efforts to enforce the existing policies, laws and regulations in 2009?**

6 (6)

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168)

**Part B, Section II: CIVIL SOCIETY\* PARTICIPATION**

**1. To what extent has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?**

3 (3)

169)

**Comments and examples:**

involvement of religious leaders and community involvement

**Page 104**

170)

**Part B, Section II. CIVIL SOCIETY PARTICIPATION**

**2. To what extent 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)?**

3 (3)

171)

**Comments and examples:**

- by National AIDS Committee / official members

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172)

**a. the national AIDS strategy?**

3 (3)

173)

**b. the national AIDS budget?**

2 (2)

174)

**c. national AIDS reports?**

4 (4)

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175)

**a. developing the national M&E plan?**

3 (3)

176)

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

3 (3)

177)

**c. M&E efforts at local level?**

3 (3)

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178) **Part B, Section II. CIVIL SOCIETY PARTICIPATION**

**5. To what extent is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. networks of people living with HIV, organizations of sex workers, faith-based organizations)?**



1 (1)

179)

**Comments and examples:**

- No system in place

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180)

**a. adequate financial support to implement its HIV activities?**

1 (1)

181)

**b. adequate technical support to implement its HIV activities?**

3 (3)

182)

**Comments and examples:**

- awareness only

**Page 109****183) Part B, Section II. CIVIL SOCIETY PARTICIPATION****7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?**

Prevention for youth	25-50%
<b>Prevention for most-at-risk-populations</b>	
- Injecting drug users	51-75%
- Men who have sex with men	25-50%
- Sex workers	25-50%
Testing and Counselling	51-75%
Reduction of Stigma and Discrimination	51-75%
Clinical services (ART/OI)*	<25%
Home-based care	<25%
Programmes for OVC**	<25%

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184)

**Part B, Section II. CIVIL SOCIETY PARTICIPATION****Question 7 (continued)****Overall, how would you rate the efforts to increase civil society participation in 2009?**

7 (7)

185) **Since 2007, what have been key achievements in this area:**

- they are member in National AIDS committee

186) **What are remaining challenges in this area:**

- seeking fund for implementation -

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187) **Part B, Section III: PREVENTION**

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

Yes (0)

**Page 112**

188) **Part B, Section III: PREVENTION**

**Question 1 (continued)**  
**IF YES, how were these specific needs determined?**

- in risky behaviour group

189) **1.1 To what extent has HIV prevention been implemented?**

<b>The majority of people in need have access</b>	
<b>HIV prevention component</b>	
Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Agree
Condom promotion	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	Agree
Risk reduction for men who have sex with men	Agree
Risk reduction for sex workers	Agree
Reproductive health services including sexually transmitted infections	Agree

prevention and treatment	Agree
School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	Agree
HIV prevention in the workplace	Agree
Other: please specify	

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190)

**Part B, Section III: PREVENTION****Question 1.1 (continued)**

**Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?**

8 (8)

191)

**Since 2007, what have been key achievements in this area:**

- RBG

192)

**What are remaining challenges in this area:**

- budget

**Page 114**

193)

**Part B, Section IV: TREATMENT, CARE AND SUPPORT**

**1. Has the country identified the specific needs for HIV treatment, care and support services?**

No (0)

**Page 115**

194)

**IF NO, how are HIV treatment, care and support services being scaled-up?**

- by governmental only

195)

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

The majority of people in need  
have access

**HIV treatment, care and support service**

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

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196)

**Part B, Section IV: TREATMENT, CARE AND SUPPORT****Question 1.1 (continued)**

**Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?**

2 (2)

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197)

**Part B, Section IV: TREATMENT, CARE AND SUPPORT**

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

N/A (0)