

Survey Response Details

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Response Details

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- 1) **Country**
Lithuania (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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22/03/2010

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- 8) **Describe the process used for NCPI data gathering and validation:**
The drafts of Part A of National Composite Policy Index (NCPI) were prepared by the Centre for Communicable Diseases and AIDS in collaboration with other governmental organisations involved in the national response to HIV/AIDS. In January-February 2010, the draft was sent out to the key national partners for consultation, and some enhancements were made to the document based on

the feedback received. In a separate process, the Centre for Communicable Diseases and AIDS initiated a contract with HIV/AIDS non-governmental organizations and human rights experts in order to prepare the National Composite Policy Index Part B. The document was sent to HIV/AIDS non-governmental organizations for feedback and input in March 2010.

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

no disagreements

10)

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

No concerns

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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 Centre for Communicable disease and AIDS under the Ministry of Health	Saulius Caplinskas, director	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 health	Alvyda Naujokaite/Chief Specialist of Health Care Department Ministry of Health	A.I, A.II, A.III, A.IV, A.V
Respondent 3 Ministry of health	Loreta Asokliene/Deputy Head of Public health Strategy Division of Public Health Department Ministry of Health	A. I, A. II, A. III, A. IV, A. V
Respondent 4 State Patients' Fund under the Ministry of Health	Evaldas Stropus/Head of medical institution procurement department	A.I, A.II, A.III, A.IV, A.V
Respondent 5 Prison department under the Ministry of Justice	Vladas Kasperunas/Head of Health Care Division of the Prison Department under the Ministry of Justice	A. I, A. II, A. III, A. IV, A. V
Respondent 6 The Association of local authorities in Lithuania	Audrone Vareikyte/Head of Committee on Social Affairs and Health	A.I, A.II, A.III, A.IV, A.V
Respondent 7 International Organization for Migration	Audra Sipaviciene/Head of IOM Vilnius	A. I, A. II, A. III, A. IV, A. V
Respondent 8 Ministry of Education and Science	Algimantas Simaitis/Chief Specialist of Non-Formal Education and Education Support Division of Ministry of Education and Science	A.I, A.II, A.III, A.IV, A.V

Respondent 9	National Tuberculosis and Infectious Diseases University Hospital Centre for	Edita Davidaviciene/ Deputy Director	A. I, A. II, A. III, A. IV, A. V
Respondent 10	Communicable disease and AIDS under the Ministry of Health	Oksana Strujeva/ Head of HIV/AIDS/STI Epidemiological Surveillance Department	A.I, A.II, A.III, A.IV, A.V
Respondent 11	Centre for Communicable disease and AIDS under the Ministry of Health Centre for	Irma Caplinskene/epidemiologist	A. I, A. II, A. III, A. IV, A. V
Respondent 12	Communicable disease and AIDS under the Ministry of Health	Agne Simkunaite/epidemiologist	A.I, A.II, A.III, A.IV, A.V
Respondent 13	Centre for Communicable disease and AIDS under the Ministry of Health	Algirdas Griskevicius/Head of Laboratory	A. I, A. II, A. III, A. IV, 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	Can Live Coalition	Jurgita Poškevičiūtė/Director	B.I, B.II, B.III, B.IV

14)

Respondents to Part B

	Organization	Names/Positions	[Indicate which parts each respondent was queried on]
Respondent 2	Association of HIV Affected Women and Their Families "Demetra"	Svetlana Kulšis/Head of the Organisation	B.I, B.II, B.III, B.IV
Respondent 3	NGO Positive Life	Jurgis Andriuška/Director	B.I, B.II, B.III, B.IV
Respondent 4	UNODC Project Office for the Baltic States	Loreta Stonienė/National Project Officer	B.I, B.II, B.III, B.IV
Respondent 5	WHO Lithuania	Robertas Petkevičius/Liaison Officer	B.I, B.II, B.III, B.IV
Respondent 6	Eurasian Harm Reduction Network	Rūta Sulcaite/Advocacy Officer	B.II, B.III, B.IV
Respondent 7	UNDP Lithuania	Rūta Svarinskaitė/Programme Analyst	B.I, B.II, B.III, B.IV
Respondent 8			
Respondent 9			
Respondent 10			
Respondent 11			
Respondent 12			
Respondent 13			
Respondent 14			
Respondent 15			
Respondent 16			
Respondent 17			
Respondent 18			
Respondent 19			
Respondent 20			
Respondent 21			
Respondent 22			
Respondent 23			
Respondent 24			
Respondent 25			

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)

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

Question 1 (continued)

Period covered:

2003-2008

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	Yes
Education	Yes	Yes
Labour	Yes	Yes
Transportation	No	No
Military/Police	Yes	Yes
Women	Yes	Yes
Young people	Yes	Yes
Other*		

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19)

Part A, Section I: STRATEGIC PLAN

1.3 Does the multisectoral strategy address the following target populations, settings and crosscutting issues?

Target populations

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	No
g. Other specific vulnerable subpopulations*	Yes

Settings

h. Workplace	Yes
i. Schools	Yes
j. Prisons	Yes

Cross-cutting issues

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	No

20)

1.4 Were target populations identified through a needs assessment?

Yes (0)

Page 10

21)

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

2003

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22)

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

IDUs, MSM, SW, prisoners, vulnerable youth

23)

1.6 Does the multisectoral strategy include an operational plan?

Yes (0)

24)

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 |

25)

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

26)

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

In the time of creation process of the last multisectoral strategy/action framework in 2003 the civil society organizations were not so Active. Presently, new multisectoral strategy (2010-2012) is being developed with active involvement of civil society.

27)

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

Yes (0)

28)

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

Yes, all partners (0)

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29)

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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30)

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	N/A
d. Sector-wide approach	N/A
Lithuanian Health Programme, National Public Health strategy, National HIV/AIDS Prevention and Control Programme 2003-2008, National STI Prevention and Control Programme 2006-2009, National Drug Control and Prevention Programme 2004-2008, Programme for the prevention and control of trafficking in human being for 2005-2008, National TB prevention and control programme 2007-2010, National HIV/AIDS and STI Prevention and Control Programme 2010-2012	Yes

31)

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

HIV-related area included in development plan(s)	
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)	No
Other: Please specify	

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32)

Part A, Section I: STRATEGIC PLAN**3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?**

Yes (0)

Page 17

33)

Part A, Section I: STRATEGIC PLAN**3.1 IF YES, to what extent has it informed resource allocation decisions?**

4 (4)

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)?

Yes (0)

Page 18

35)

Part A, Section I: STRATEGIC PLAN

4.1 IF YES, which of the following programmes have been implemented beyond the pilot stage to reach a significant proportion of the uniformed services?

Behavioural change communication	Yes
Condom provision	Yes
HIV testing and counselling	Yes
Sexually transmitted infection services	Yes
Antiretroviral treatment	Yes
Care and support	Yes
Other: Please specify	

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36)

Part A, Section I: STRATEGIC PLAN

Question 4.1 (continued)

If HIV testing and counselling is provided to uniformed services, briefly describe the approach taken to HIV testing and counselling (e.g, indicate if HIV testing is voluntary or mandatory etc):

HIV testing is voluntary

37)

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

38)

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

39)

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?**

Yes (0)

Page 24

40)

Part A, Section I: STRATEGIC PLAN**7.1 Have the national strategy and national HIV budget been revised accordingly?**

No (0)

41)

7.2 Have the estimates of the size of the main target populations been updated?

No (0)

Page 25

42)

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 needs only (0)

43)

7.4 Is HIV programme coverage being monitored?

Yes (0)

Page 26

44)

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

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

Yes (0)

45)

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

Yes (0)

Page 27

46)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (b) (continued)

IF YES, for which population groups?

IDUs, SW, MSM, prisoners, TB patients, pregnant women

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

Question 7.4 (continued)

(c) Is coverage monitored by geographical area?

Yes (0)

Page 29

48)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (c) (continued)

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

districts

49)

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

50)

Part A, Section I: STRATEGIC PLAN

Question 7.5 (continued)

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

9 (9)

51)

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

none

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52)

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	Yes
Other high officials	Yes
Other officials in regions and/or districts	Yes

53)

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

54)

2.1 IF YES, when was it created?

Please enter the year in yyyy format

2005

55)

2.2 IF YES, who is the Chair?

Name
Position/title Vice minister by administration fiedl of Ministry of Health

56)

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?	Yes
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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57)

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

18

58)

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

1

59)

If you answer "yes" to the question "does the National multisectoral AIDS coordination body include people living with HIV", how many?

Please enter an integer greater than or equal to 1

1

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60)

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)

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61)

Part A, Section II: POLITICAL SUPPORT**Question 3 (continued)****IF YES, briefly describe the main achievements:**

Responsibilities of the National AIDS body: priorities settings, recommendations for recipients, planning, report/evaluation to the MoH, investment project, proposal on changes

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	Yes
Procurement and distribution of drugs or other supplies	No
Coordination with other implementing partners	Yes
Capacity-building	Yes
Other: Please specify	

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)

Page 36

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)

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65)

Part A, Section II: POLITICAL SUPPORT**Question 6.1 (continued)****IF YES, name and describe how the policies / laws were amended:**

National HIV/AIDS and STI prevention and control 2010-2012 programme

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66)

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)

67)

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

none

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68)

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)

Page 40

69)

Part A, Section III: PREVENTION**1.1 IF YES, what key messages are explicitly promoted?**

Check for key message explicitly promoted (multiple options allowed)

- a. Be sexually abstinent (0)
- b. Delay sexual debut (0)
- 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)
- n. Know your HIV status (0)
- o. Prevent mother-to-child transmission of HIV (0)

70)

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)

Page 41

71)

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)

72)

2.1 Is HIV education part of the curriculum in:

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

73)

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

Yes (0)

74)

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

No (0)

75)

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)

Page 42

76)

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

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77)

Part A, III. PREVENTION

Question 3.1 (continued)

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

8 (8)

78)

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

none

Page 45

79)

Part A, III. PREVENTION

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

Yes (0)

Page 46

80)

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	N/A
HIV prevention in the workplace	Agree
Other: please specify	

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81)

Part A, III. PREVENTION

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

8 (8)

82)

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

none

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83)

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)

Page 49

84)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1.1 IF YES, does it address barriers for women?

Yes (0)

85)

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

Yes (0)

86)

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

Yes (0)

Page 50

87)

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	N/A
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	Agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	Don't agree
TB infection control in HIV treatment and care facilities	Agree
Cotrimoxazole prophylaxis in HIV-infected people	Don't agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Agree
HIV treatment services in the workplace or treatment referral systems	N/A

through the workplace

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

N/A

Other: please specify

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88)

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?

No (0)

89)

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)

Page 53

90)

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?

7 (7)

91)

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

none

Page 54

92)

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?

N/A (0)

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93)

Part A, Section V: MONITORING AND EVALUATION

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

Yes (0)

Page 58

94)

1.1 IF YES, years covered:

Please enter the start year in yyyy format below

2003

95)

1.1 IF YES, years covered:

Please enter the end year in yyyy format below

2009

96)

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

Yes (0)

97)

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

Yes (0)

98)

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)

Page 60

99)

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	No
a strategy for assessing data quality (i.e., validity, reliability)	No

a data analysis strategy

No

a data dissemination and use strategy

Yes

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100)

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

101)

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

Yes (0)

Page 62

102)

3.3 IF YES, are M&E expenditures being monitored?

Yes (0)

Page 64

103)

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

Yes (0)

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104)

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

Yes (0)

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105)

5.1 IF YES, is the national M&E Unit based

in the National AIDS Commission (or equivalent)?	Yes
in the Ministry of Health?	Yes
Elsewhere? (please specify)	No

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106)

Part A, Section V: MONITORING AND EVALUATION

5.3 IF YES, are there mechanisms in place to ensure that all major implementing partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?

Yes (0)

Page 70

107)

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, but meets irregularly (0)

108)

6.1 Does it include representation from civil society?

No (0)

Page 71

109)

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

Yes (0)

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110)

Part A, Section V: MONITORING AND EVALUATION

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

Center for Communicable Disease and AIDS under Ministry of Health

111)

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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112)

7.3 Is there a functional* Health Information System?

At national level	Yes
At subnational level	

Page 74

113)

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

Yes (0)

114)

9. To what extent are M&E data used

9.1 in developing / revising the national AIDS strategy?:

5 (5)

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

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

5 (5)

Page 76

116)

Part A, Section V: MONITORING AND EVALUATION

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

5 (5)

Page 77

117) **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

118)

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

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

Page 79119) **Part A, Section V: MONITORING AND EVALUATION**

Question 10.1 (continued)

Please enter the number of people trained at national level.

Please enter an integer greater than 0

198

120) **Please enter the number of people trained at subnational level.**

Please enter an integer greater than 0

95

Page 80

121)

Part A, Section V: MONITORING AND EVALUATION

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

No (0)

Page 82122) **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?

8 (8)

123)

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

none

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124)

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.)

Yes (0)

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125)

Part B, Section I. HUMAN RIGHTS

1.1 IF YES, specify if HIV is specifically mentioned and how or if this is a general nondiscrimination provision:

Human right protection of PLWHIV is a part of general non-discrimination provisions, there are no specific provisions for HIV/AIDS.

126)

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

Yes (0)

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127)

Part B, Section I. HUMAN RIGHTS

2.1 IF YES, for which subpopulations?

a. Women	Yes
b. Young people	No
c. Injecting drug users	No
d. Men who have sex with men	No
e. SexWorkers	No

f. prison inmates	Yes
g. Migrants/mobile populations	No
Other: Please specify	

128)

IF YES, briefly explain what mechanisms are in place to ensure these laws are implemented:

a) National Programme on Equal Opportunities for Women and Men 2005 – 2009; f) Execution Order Code.

129)

Briefly describe the content of these laws:

a) The programme aims to tackle gender inequalities and promote gender equality in all areas in a consistent, integrated and systematic way, to foster gender mainstreaming, to highlight and solve specific problems of women and men, work with perpetrators. Activities in the health field are aimed to pay special attention to specific issues of women’s and men’s health, to put forth efforts to increase men’s life expectancy, so reducing the high difference between men’s and women’s average life expectancy, to increase awareness on family planning and reproduction health issues, in particular in rural areas. f) The Code is based on the principle that all inmates are equal regardless of their origin, sex, social or material status, nationality or race, political views and political party affiliation, education, language, religion or other belief, genetic features, disability, sexual orientation, activities, the type and nature of residence and other circumstances unforeseen in the laws of the Republic of Lithuania.

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130)

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?

Yes (0)

Page 87

131)

Part B, Section I. HUMAN RIGHTS

3.1 IF YES, for which subpopulations?

a. Women	No
b. Young people	No
c. Injecting drug users	Yes
d. Men who have sex with men	No
e. Sex Workers	No
f. prison inmates	Yes

g. Migrants/mobile populations	No
AIDS patients, drug dependent patients	

132)

IF YES, briefly describe the content of these laws, regulations or policies:

a) Drug Dependent Patients Registry; b) Order of the Minister of Social Security and Labour of 20 February, 2007 „Regarding the social care institutions‘ norms“

133)

Briefly comment on how they pose barriers:

a) Drug dependents sustain from applying to medical institutions in order not to be registered in the Register of Dependency Patients. b) Order of the Minister of Social Security and Labour of 20 February, 2007 „Regarding the social care institutions‘ norms“ which prohibits the acceptance of patients with active forms of TB, acute infectious diseases [...] to social care homes. c) No policy for provision of methadone maintenance therapy for prisoners.

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134) **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

135)

Part B, Section I. HUMAN RIGHTS

Question 4 (continued)

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

Following the provisions of Chapter 47 of the “Law of the Republic of Lithuania Amending the Law on the Health System” Legal Act No.I-552 adopted by the Seimas of the Republic of Lithuania on 12 January 1998 (Official Gazette, 1998, No.112-3099) health care guaranteed by the state (free health care) is provided to HIV infected persons and those ill with AIDS, and the charges for it are subject to compensation from the compulsory health insurance budget, state or municipal budgets as well as from the financial allocations for the Municipal Public Health Promotion Programme.

136)

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)

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137)

Part B, Section I. HUMAN RIGHTS**Question 5 (continued)****IF YES, briefly describe this mechanism:**

Equal Opportunities Ombudsperson's Office Government Medicine Audit Inspection under the Ministry of Health Parliament Ombudsmen Institution Courts

138)

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?

Yes (0)

Page 91

139)

Part B, Section I. HUMAN RIGHTS**Question 6 (continued)****IF YES, describe some examples:**

Yes, but not in a systematic way. There are no defined mechanisms on the involvement of NGOs active in HIV/AIDS area into Governmental HIV policy design. The representative of the NGO „Positive Live“ was invited to participate in the Steering Committee for the preparation of the National Programme 2009 – 2012 (under the continuous requests of the NGO to do so). The NGOs were submitting concrete proposals for the work group in charge of the preparation of the Programme for 2009-2012 however these proposals were not reflected in the Programme. Participation of Lithuanian NGOs in HIV policy design is initiated by UN agencies.

140)

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

- | | |
|---|-----|
| a. HIV prevention services | No |
| b. Antiretroviral treatment | Yes |
| c. HIV-related care and support interventions | No |

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141)

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:

b. The ARV treatment is free of charge

142)

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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143)

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?

No (0)

144)

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?

No (0)

Page 95

145)

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

No (0)

146)

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?

Yes (0)

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147)

Part B, Section I. HUMAN RIGHTS

11.1 IF YES, does the ethical review committee include representatives of civil society including people living with HIV?

No (0)

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148)

– **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 (0)

149)

– **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)

150)

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

No (0)

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151)

Part B, Section I. HUMAN RIGHTS

Question 12 (continued)

IF YES on any of the above questions, describe some examples:

Non-HIV specific.

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152)

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)

153)

– **Legal aid systems for HIV casework**

No (0)

154)

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

No (0)

155)

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

No (0)

156)

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

No (0)

Page 101

157)

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?

3 (3)

158)

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

The HIV testing of all pregnant women was introduced by the Order of the Minister of Health of the Republic of Lithuania.

159)

What are remaining challenges in this area:

The Order on institutional social care prohibits the acceptance of the patients with acute infectious diseases; The Order on rapid HIV tests for high risks groups is not regulated.

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160)

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?

1 (1)

161)

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

none

162)

What are remaining challenges in this area:

National HIV Programme for 2003 - 2008 was completed. External evaluation of the implementation of the Programme was not carried. New Programme for 2009 – 2012 was drafted but not yet approved by the Government. After the National AIDS Centre re-structurization into the Centre of Communicable Diseases and AIDS in 2009 the responsibly and procedures for ARV therapy are unclear. The National HIV Coordination Commission hasn't organised any meeting throughout 2009.

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163)

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?

4 (4)

164)

Comments and examples:

The representatives of NGOs (NGO „Positive Life“, association “Demetra“) active in HIV/AIDS area have numerously met with the Minister of Health and relevant top officials of the Ministry to discuss topical issues such as ARV treatment, care and support for PLWHIV and others. Coalition „I Can Live“ approached the Minister of Justice to discuss methadone maintenance therapy implementation in prisons and informed media about rights to health care.

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165)

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)?

4 (4)

166)

Comments and examples:

Since 2007 the NGO community proactively participated giving proposals however there was no

result achieved meaning that no consideration was given to NGO representatives' proposals.

Page 105

167)

a. the national AIDS strategy?

0

168)

b. the national AIDS budget?

0

169)

c. national AIDS reports?

0

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170)

a. developing the national M&E plan?

0

171)

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

0

172)

c. M&E efforts at local level?

0

Page 107**173) 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)

174)

Comments and examples:

1 Women NGO; 2 networks of people living with HIV; Specialists' association; Prisoners; Red Cross National Committee.

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175)

a. adequate financial support to implement its HIV activities?

1 (1)

176)

b. adequate technical support to implement its HIV activities?

3 (3)

177)

Comments and examples:

Limited funding for HIV prevention was available for grant programme from Drug Control Department, municipalities *The technical support to implement its HIV activities was mostly provided by the UN Agencies (UNODC small grant programme, UNAIDS PAF).

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178) **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%
Prevention for most-at-risk-populations	
- Injecting drug users	<25%
- Men who have sex with men	
- Sex workers	>75%
Testing and Counselling	<25%
Reduction of Stigma and Discrimination	>75%
Clinical services (ART/OI) *	<25%
Home-based care	>75%
Programmes for OVC* *	

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179)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

Question 7 (continued)

Overall, how would you rate the efforts to increase civil society participation in 2009?

4 (4)

180)

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

- 1) Participation in the preparation of the Programme 2009-2012;

181)

What are remaining challenges in this area:

- 1) Low involvement of NGOs in policy planning, M&E process; 2) There is no formal involvement (as per official legal acts/Minister orders) of NGOs as strategic partners into Committees, Boards that are in charge with HIV policy designing. 3) No mechanisms for funding NGO working with HIV issues.

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182)

Part B, Section III: PREVENTION**1. Has the country identified the specific needs for HIV prevention programmes?**

No (0)

Page 112

183)

IF NO, how are HIV prevention programmes being scaled-up?

It was not scaled up because the specific needs and risks groups for scaling up were not identified.

184)

1.1 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	Don't agree
IEC* on stigma and discrimination reduction	Don't agree
Condom promotion	Don't agree
HIV testing and counselling	Don't agree
Harm reduction for injecting drug users	Agree
Risk reduction for men who have sex with men	Don't agree
Risk reduction for sex workers	Don't agree
Reproductive health services including sexually transmitted infections prevention and treatment	Don't agree

School-based HIV education for young people

Agree

HIV prevention for out-of-school young people

Don't agree

HIV prevention in the workplace

Don't agree

Other: please specify

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185)

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?

3 (3)

186)

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

1) Financing opportunities for harm reduction centres from UNODC and municipalities; 2) Prepared methodological recommendations for pharmacotherapy with methadone with the UNODC, WHO technical support;

187)

What are remaining challenges in this area:

Enlarging the scope for free of charge HIV testing; Regulating the order on express test use; Increasing the access to HIV testing Increasing the access to harm reduction in prisons and community; Increasing efforts on ensuring „positive“ prevention among people living with HIV/AIDS

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188)

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

189)

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

The need increased however the HIV treatment, care and support services were not scaled-up.

190)

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	Don't agree
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Don't agree
Home-based care	Don't agree
Palliative care and treatment of common HIV-related infections	Don't agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	Don't agree
TB infection control in HIV treatment and care facilities	N/A
Cotrimoxazole prophylaxis in HIV-infected people	Don't 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	N/A
HIV care and support in the workplace (including alternative working arrangements)	Don't agree
Other: please specify	

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191)

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?

1 (1)

192)

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

none

193)

What are remaining challenges in this area:

Reduced working hours of medical personnel; Lack of information for patients on access to HIV treatment due to unfinished re-structurization of national AIDS Centre; Differences of prices of ARV drugs in community and prisons

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194)

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)