

Survey Response Details

Response Information

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Response Details

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- 1) **Country**
Gambia (0)
- 2) **Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:**
Mr. Alieu Jammeh
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- 7) **Date of submission:**
Please enter in DD/MM/YYYY format
31/03/2010

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- 8) **Describe the process used for NCPI data gathering and validation:**
The data gathering and validation consist of several phases - UNGASS 2008 feedback to the M&E task force and identification of core indicators, planning meeting with all stakeholders 2010 reporting, data collection process, data analysis, interpretation and final data validation workshop. series of consultations with partners were held to measure the progress and achievements.

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

NCPI data collection forms were sent to partners to be completed and returned to NAS. The completed forms were reviewed for completeness. A one day meeting is convened to discuss any missing data on the forms submitted by partners and the necessary information provided to complete the forms.

10)

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

The data collected may not be adequate to provide information on all the indicators for 2010 reporting. This will unfortunately affect comparison purposes with other countries. There is the need to undertake special studies on population groups and most at-risk population in the Gambia.

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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	Prison Services	James Jarjue HIV & AIDS	A.I, A.V

12)

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 2	Police	Sulayman Secka, Focal Point for HIV & AIDS	A.I, A.V
Respondent 3	Gambia Bureau of Statistics	Musu Kuta Komma	A.I, A.V
Respondent 4	Ministry of Justice	Ellen Manga	A.I, A.V
Respondent 5	Ministry of Health	Lamin Manneh, National Surveillance Officer	A.I, A.III, A.IV, A.V
Respondent 6	Ministry of Secondary and Basic Education	Amie Coleh Mbye, Education Officer	A.I, A.III, A.IV, A.V
Respondent 7	National AIDS Secretariat	Robert Ninson, M & E Specialist	A.I
Respondent 8	Gambia Armed Forces	Kudo Jatta, Lieutenant	
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 Respondent

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	Concern Universal	Kay Sey	B.II

14)

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 2	Action Aid The Gambia	Dr. Kujayjatou Manneh Jallow	B.I
Respondent 3	Catholic Relief Services	Ebrima Jarjue	B. III, B. IV
Respondent 4	Gambia Family Planning Association	Yankuba Dibba Executive Director	B.II, B.III, B.IV
Respondent 5	Nyaniya killing	Muhammeh Jawo, President	B. II
Respondent 6	Mutopola Voices	Oley Jarjue	B.I, B.II, B.III, B.IV

Respondent 7	World View	Adelaide Sosseh	B.II
Respondent 8	Nova Scotia Gambia Association	Project Manager HIV	B.II, B.III
Respondent 9	GAMNASS	Dodou Jallow, Secretary	B.I, B.II, B.III
Respondent 10	ACHPR		B.I
Respondent 11	Santa Yalla Support Society	Lamin Ceesay	B.I, B.III, B.IV
Respondent 12	NASO	Ahmet Jeggan Loum	B.I, B.II, B.III
Respondent 13	ACDHRS	Saihou Sanyang	B.I
Respondent 14			
Respondent 15			
Respondent 16			
Respondent 17			
Respondent 18			
Respondent 19			
Respondent 20			
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 - 2014

17)

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

7

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

Page 819) **Part A, Section I: STRATEGIC PLAN****Question 1.2 (continued)****If "Other" sectors are included, please specify:**

Civil Society Organisations, Local NGOs, International NGOs

20)

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?

Government of The Gambia, Action Aid The Gambia, DFID, EC/URR, EC/Smile, IRISH AID, International Federation of Red Cross, UNAIDS

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21)

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	Yes
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	Yes

22)

1.4 Were target populations identified through a needs assessment?

No (0)

Page 10

23)

IF NO, explain how were target populations identified?

A HIV mapping exercise was carried out in 2009 to better understand the scale of the HIV problem, a review of recent literature on the epidemic, monitoring of the epidemic and M&E reports that reflects the challenges that we faced in tackling the epidemic were used to identify and target population groups at risk.

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24)

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

General population in sexually active age group 15 - 49 years, Sex workers, PLHIVs, OVCs.

25)

1.6 Does the multisectoral strategy include an operational plan?

Yes (0)

26)

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 |

27)

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

Active involvement (0)

Page 12

28)

Part A, Section I: STRATEGIC PLAN**Question 1.8 (continued)****IF active involvement, briefly explain how this was organised:**

There was wide consultation of a variety of interest groups including civil society. This was done to ensure that the strategy is technically viable, practically workable and acceptable to all stakeholders.

29)

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

Yes (0)

30)

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

Yes, some partners (0)

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31)

Part A, Section I: STRATEGIC PLAN**Question 1.10 (continued)****IF SOME or NO, briefly explain for which areas there is no alignment / harmonization and why**

The UN system has supported the development of the national strategic plan and framework for scaling up HIV and has harmonized and aligned and their activities within the national plan.

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32)

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)

Page 15

33)

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	No
e. Other: Please specify	N/A

34)

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	Yes
Reduction of stigma and discrimination	Yes
Women's economic empowerment (e.g. access to credit, access to land, training)	Yes
Other: Please specify	

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35)

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

36)

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

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?

No (0)

Page 25

40)

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)

41)

7.4 Is HIV programme coverage being monitored?

Yes (0)

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42)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (continued)

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

Yes (0)

43)

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

No (0)

Page 28

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

Question 7.4 (continued)

(c) Is coverage monitored by geographical area?

No (0)

Page 29

45)

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

46)

Part A, Section I: STRATEGIC PLAN

Question 7.5 (continued)

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

6 (6)

47)

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

HIV AIDS strategic plan 2003 - 2008 has been reviewed and an extended strategic framework 2010 - 2014 developed. the revised strategic framework addresses issues and challenges of high risk groups (adolescents, stigma and discrimination etc.)

48)

What are remaining challenges in this area:

To address population groups at high risk

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49)

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

50)

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

Yes (0)

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51)

2.1 IF YES, when was it created?

Please enter the year in yyyy format

2000

52)

2.2 IF YES, who is the Chair?

Name	HE Sheikh, Professor Alhaji Yahya AJJ Jammeh
Position/title	President of the Republic of The Gambia

53)

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?	Yes
have an action plan?	No
have a functional Secretariat?	Yes
meet at least quarterly?	No
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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54)

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

30

55)

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

6

56)

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

2

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57)

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

58)

Part A, Section II: POLITICAL SUPPORT

Question 3 (continued)

IF YES, briefly describe the main achievements:

The Country Coordinating Mechanism (CCM) of GFATM HIV, Malaria and Tuberculosis has been successful in coordinating and providing oversight to HIV AIDS activities in the country. The country has been successful to secure funding for HIV Round 8.

59)

Briefly describe the main challenges:

The challenge is to consolidate the gains already achieved

60)

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)

50

61)

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	Yes
Coordination with other implementing partners	Yes
Capacity-building	Yes
Other: Please specify	

62)

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

63)

Part A, Section II: POLITICAL SUPPORT

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

Control policies?

No (0)

Page 38

64)

Part A, Section II: POLITICAL SUPPORT**Question 6.1 (continued)****Overall, how would you rate the political support for the HIV programmes in 2009?**

6 (6)

65)

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

The government has created the enabling environment and support at the highest level of government

66)

What are remaining challenges in this area:

An increase in government funding for HIV & AIDS related activities

Page 39

67)

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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68)

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)

69) In addition to the above mentioned, please specify other key messages explicitly promoted:

Prevention and treatment for STIs and tuberculosis; and Stop stigma and discrimination against PLHIV

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)

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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?	Yes
secondary schools?	Yes
teacher training?	No

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?

Yes (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)

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

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77) 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".

Refugees and migrants

Page 44

78)

Part A, III. PREVENTION**Question 3.1 (continued)****Overall, how would you rate the policy efforts in support of HIV prevention in 2009?**

9 (9)

79)

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

Programme coverage has increased and access to HIV services in 40 sites. The programme has reached xxx people through HIV prevention activities in 2009; xxx people reached through information, education and communication. improved coordination of interventions for TB and HIV prevention and care, 90% of VCT clients receive their post-test results, gender mainstreaming of HIV/AIDS and mainstreaming prevention education into the school curricula and life skills

80)

What are remaining challenges in this area:

Consolidation and expansion into under served areas (rural areas. Disclosure to partners for ART therapy. Stop stigma and discrimination and provision of friendly HIV services for adolescent and young people

Page 45

81)

Part A, III. PREVENTION**4. Has the country identified specific needs for HIV prevention programmes?**

Yes (0)

Page 46

82)

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

Survey reports (MICS 2006) were knowledge, belief, barriers are identified for HIV prevention strategies. Review of supervision and M&E reports

83)

4.1 To what extent has HIV prevention been implemented?

The majority of people in need

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	Don't agree
Harm reduction for injecting drug users	Don't agree
Risk reduction for men who have sex with men	Don't 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	
HIV prevention for out-of-school young people	Agree
HIV prevention in the workplace	Agree
Other: please specify	Don't agree

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84)

Part A, III. PREVENTION

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

9 (9)

85)

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

The National HIV AIDS Strategic Plan and framework has been reviewed, revised and validate to 2014.mapping study on High Risk Groups. Institutional strengthening of 3 national networks working with PLHIVs. Expansion of HIV services to 9 ART sites for access to antiretroviral treatment across the country and services sites to provide and prevent mother-to-child transmission of HIV and 34 sites for providing VCT services.

86)

What are remaining challenges in this area:

80% of Gambians do not know their HIV/Aids status. Inadequate human capacity and institutional structures, weak health systems poses a big challenge. Bold political action and leadership to speak out in support HIV and introduction of legislation to protect PLHIVs

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87)

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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88)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1.1 IF YES, does it address barriers for women?

Yes (0)

89)

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

No (0)

90)

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

Yes (0)

Page 50

91)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 2 (continued)

IF YES, how were these determined?

Survey reports and M&E reports

92)

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	Agree
Paediatric AIDS treatment	Don't 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	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	Don't agree
HIV care and support in the workplace (including alternative working arrangements)	Don't agree
Other: please specify	

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93)

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)

94)

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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95)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 4 (continued)

IF YES, for which commodities?:

RH commodities, including HIV test kits

Page 53

96)

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?

8 (8)

97)

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

In 2007, 30,565 people in Gambia knew their HIV status and by the end of 2009, over 240,000 were tested for HIV. Coordination and collaboration between key partners has been strengthened.

98)

What are remaining challenges in this area:

Train more health workers and community care givers in home based care and address adherence to ART and reducing defaulters to treatment and the relationship between men and women by involving men and to change their attitude

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99)

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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100)

Part A, Section V: MONITORING AND EVALUATION**1. Does the country have *one* national Monitoring and Evaluation (M&E) plan?**

Yes (0)

Page 58

101)

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

2010

102)

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

2014

103)

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

Yes (0)

104)

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

Yes (0)

105)

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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106)

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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107)

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

108)

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

Yes (0)

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109)

Part A, Section V: MONITORING AND EVALUATION**3.1 IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities?**

Please enter the rounded percentage (1-100). If the percentage is less than 1, please enter "1".

10

110)

3.2 IF YES, has full funding been secured?

Yes (0)

111)

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

Yes (0)

Page 64

112)

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

Yes (0)

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113)

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:**

Regular quarterly M&E monitoring and supervision of HIV programs. Monitoring reports, routine data collected and special surveys is used to identify priorities for strengthening the M&E system and program adjustment.

114)

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

Yes (0)

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115)

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

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

116) Number of permanent staff:

Please enter an integer greater than or equal to 0
 4

117) Number of temporary staff:

Please enter an integer greater than or equal to 0
 0

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118)

Part A, Section V: MONITORING AND EVALUATION

Question 5.2 (continued)

Please describe the details of all the permanent staff:

	Position	Full time/Part time?	Since when? (please enter the year in yyyy format)
Permanent staff 1	M&E Specialist	Full time	2003
Permanent staff 2	M&E Officer	Full time	2007
Permanent staff 3	Data Entry clerk	Full time	2007
Permanent staff 4	Data Entry Clerk	Full time	2007
Permanent staff 5			
Permanent staff 6			
Permanent staff 7			
Permanent staff 8			
Permanent staff 9			
Permanent staff 10			
Permanent staff 11			
Permanent staff 12			
Permanent staff 13			
Permanent staff 14			
Permanent staff 15			

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119)

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 69**120) Part A, Section V: MONITORING AND EVALUATION****Question 5.3 (continued)****IF YES, briefly describe the data-sharing mechanisms:**

Data collected from all Sub-recipients are collated and a standardized data entry tool is used for reporting to the National AIDS Secretariat (NAS). Data sent to the NAS is entered into an ACCESS data base. Data is analyzed and a quarterly progress report is produced and shared with all partners.

121)

What are the major challenges?

To work more effectively together, on a country-by-country basis and make available all HIV data by agreeing to One country-level Monitoring and Evaluation System

Page 70

122)

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)

123)

6.1 Does it include representation from civil society?

Yes (0)

Page 71**124) Part A, Section V: MONITORING AND EVALUATION****Question 6.1 (continued)****IF YES, briefly describe who the representatives from civil society are and what their role is:**

NGOs and faith based representatives. They provide advise on activities concerning Monitoring, Evaluation and Information Systems. Review progress made with implementation and providing independent analysis, information and feedback on the implementation of HIV AIDS response.

125)

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

Yes (0)

Page 72

126)

Part A, Section V: MONITORING AND EVALUATION**7.1 IF YES , briefly describe the national database and who manages it:**

The HIV national data base is an ACCESS data based managed by the M&E Specialist. He is supported by a M&E Officer and two data entry clerks. The M&E Officer check the data reported by sub-recipients for completeness, accuracy and consistency of the data and that it meets the standards of quality expected for reporting to partners and CCM.

127)

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, but only some of the above (0)

Page 73**128) 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.

the content of the HIV services (0)
target populations (0)
implementing organizations (0)

129)

7.3 Is there a functional* Health Information System?

At national level Yes
At subnational level No

Page 74

130)

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

Yes (0)

131)

9. To what extent are M&E data used

9.1 in developing / revising the national AIDS strategy?:

5 (5)

132)

Provide a specific example:

ART survival rates, PMTCT Uptake and ARVs prophylaxis to prevent mother to child transmission

133)

What are the main challenges, if any?

Limited M&E capacity to analyze data. Generating quality data for information and knowledge to influence policy making, programme action, and research

Page 75**134) Part A, Section V: MONITORING AND EVALUATION****9.2 To what extent are M&E data used for resource allocation?**

5 (5)

135)

Provide a specific example:

For generating information and knowledge to influence policy making, planning, programme action, and research

136)

What are the main challenges, if any?

Providing quality and limited capacity to analyzed the data

Page 76

137)

Part A, Section V: MONITORING AND EVALUATION**9.3 To what extent are M&E data used for programme improvement?:**

5 (5)

138)

Provide a specific example:

Development of M&E plan and strategic framework 2010 -2014

139)

What are the main challenges, if any?

Implementation of the 'three ones' principles * One agreed HIV/AIDS Action Framework that provides the basis for coordinating the work of all partners. * One National AIDS Coordinating

Authority, with a broad-based multisectoral mandate. * One agreed country-level Monitoring and Evaluation System.

Page 77

140) 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, but only addressing some levels (0)

Page 78

141) Part A, Section V: MONITORING AND EVALUATION

For Question 10, you have checked "Yes, but only addressing some levels", please specify

at subnational level (0)

at service delivery level (0)

142)

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 79

143) 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

4

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

Please enter an integer greater than 0

15

Page 80

145)

Part A, Section V: MONITORING AND EVALUATION

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

No (0)

Page 82**146) 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)

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

Training in CRIS (Country Response Information System)

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

There are gaps in the data provided and this compromises the quality of information received from implementing partners. M&E unit conducts quarterly M&E data audits (verification) of sub-recipients monthly reports before preparing quarterly reports to CCM and partners.

Page 83**149)****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**150)**

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**151)**

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

152)

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

153)

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

The Gambia is a Muslim country of believers, Homosexual is believe to be a sinful and immoral act. Homosexual are not tolerated in the country

154)

Briefly comment on how they pose barriers:

MSMs if found can be arrested, tried and sent to jail

Page 88155) **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

156)

Part B, Section I. HUMAN RIGHTS

Question 4 (continued)

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

Section 3.3.3. 1 of the HIV policy states that the "Right of non-discrimination and equality before the law • The human rights and dignity of people living with HIV/AIDS will be promoted and protected such that there will be no discrimination of PLWHA • The State will enact or strengthen anti-discrimination and other protective laws that protect vulnerable groups, and those infected and affected by HIV/AIDS from discrimination • Persons with HIV/AIDS in the workplace will be protected against stigmatization and discrimination by colleagues, unions, employers and clients. • Employees living with HIV will be treated the same as any other employee with regards to training, promotion and other opportunities. • Support for efforts nationwide to minimize stigma and discrimination will be provided"

157)

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

158)

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

IF YES, briefly describe this mechanism:

There is no specific legislation but government has develop policies, advocacy and preventative education programs within a human rights and social justice framework. People can lodge complaints to the police or Human Rights Commission if discriminated against.

159)

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

160)

Part B, Section I. HUMAN RIGHTS**Question 6 (continued)**

IF YES, describe some examples:

There are no examples because due to stigma and discrimination people affected do not come forward to report their complain for fear of being rejected by the community. There is a culture of

silence.

161)

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

162)

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:

Significant achievements have been made in providing treatment, care and support for PLHIVs. HIV care services has been scale-up with acceptable geographical coverage nation-wide. Despite these achievements fear of stigma stigma and discrimination militates against access and utilization of treatment, care and support of PLHIV and their families. The need for PLHIV to disclose their sero-status to their partners is a challenge that has prevented access to ART for some PLHIV who reportedly refused disclosure and faced death with advanced disease.

163)

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

Yes (0)

Page 93

164)

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)

165)

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

166)

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

No (0)

167)

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)

Page 96

168)

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)

Page 97

169)

– 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)

170)

– 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)

171)

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

No (0)

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172)

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?

Yes (0)

173)

– Legal aid systems for HIV casework

No (0)

174)

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

No (0)

175)

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

Yes (0)

176)

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

Yes (0)

Page 100

177)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)

IF YES, what types of programmes?

Media	Yes
School education	Yes
Personalities regularly speaking out	No
Other: please specify	

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178)

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?

7 (7)

179)

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

The Government has created the enabling environment and support policies, laws and regulations that protect human rights

180)

What are remaining challenges in this area:

Legislate laws and regulations to promote and protect human rights for the marginalize and high risk population groups.

Page 102

181)

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)

182)

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

A lot of advocacy has been undertaken and people are well informed about HIV.

183)

What are remaining challenges in this area:

Implementation of the "Three Ones" principles should be pursued in strengthening coordination of the response.

Page 103

184)

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)

185)

Comments and examples:

In the area of policy and national strategy development, Civil Society has played a significant role at two levels: 1. Contributing to the formulation of the policy: It was critical that NGOs and other civil society actors along with government were able to effectively participate in the discussion, shaping, and finalization of the HIV policy and national strategic framework. 2. As an actor in implementation: Civil Society has been fully involved in the implementation of the HIV AIDS program by providing HIV care and support to PHLIV. Civil Society (networks of people living with HIV; women's organizations; young people's organizations; faith-based organizations; AIDS service organizations; community-based organizations) have been in the fore front of promoting prevention, care and treatment of HIV AIDS. Governments have provided the enabling environment that place civil society organizations to positively take their place in the fight against the pandemic.

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186)

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)

187)

Comments and examples:

Civil society organisations include local faith-based organisations, community-based organisations and Non-Governmental Organisations have been fully involved in the planning, budgeting process for the National Strategic Plan on HIV. Civil society has been a key partner in the fight against AIDS and their participation in all the activities implemented is above average.

Page 105

188)

a. the national AIDS strategy?

4 (4)

189)

b. the national AIDS budget?

4 (4)

190)

c. national AIDS reports?

4 (4)

191)

Comments and examples:

There are a wide range of strategic and tactical expertise within civil society organizations which makes them ideal partners in the process of preparing the National Strategic plan and progress reports. Civil society organizations are involved in the implementation of HIV services and they provide quantitative and qualitative information to augment the data collected by governments.

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192)

a. developing the national M&E plan?

4 (4)

193)

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

4 (4)

194)

c. M&E efforts at local level?

4 (4)

195)

Comments and examples:

Civil society in the Gambia is an important service provider, especially for interventions relating to HIV prevention and impact mitigation. Civil society is involved in the planning, monitoring and evaluation (M&E), harmonisation and coordination of HIV activities.

Page 107**196) 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)?**

4 (4)

197)

Comments and examples:

Civil society are involved in all aspects of HIV service delivery

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198)

a. adequate financial support to implement its HIV activities?

3 (3)

199)

b. adequate technical support to implement its HIV activities?

3 (3)

200)

Comments and examples:

civil society in the in the Gambia rated access to financial or technical resources as fair. There is need to provide better access to funding and technical support.

Page 109**201) 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	51-75%
Prevention for most-at-risk-populations	
- Injecting drug users	
- Men who have sex with men	
- Sex workers	25-50%
Testing and Counselling	25-50%
Reduction of Stigma and Discrimination	25-50%
Clinical services (ART/OI)*	<25%
Home-based care	25-50%
Programmes for OVC**	25-50%

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202)

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

6 (6)

203)

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

Greater partnership has with forged with many organizations including the private sector.

204)

What are remaining challenges in this area:

Better access to funding and technical support is needed.

Page 111

205)

Part B, Section III: PREVENTION

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

Yes (0)

Page 112

206)

Part B, Section III: PREVENTION

Question 1 (continued)

IF YES, how were these specific needs determined?

Special survey reports (BSS 2005, MICs 2007) and monitoring and evaluation reports, Program evaluation and annual reports

207)

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	Agree
IEC* on stigma and discrimination reduction	Agree
Condom promotion	Don't agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	Don't 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	Agree
School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	Agree
HIV prevention in the workplace	Don't agree
Other: please specify	

Page 113

208)

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)

209)

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

There has been a steady increase in the uptake of services for Voluntary Counselling and Testing (VCT), Preventing Parent to Child Transmission of HIV (PPTCT). There has been a scale-up of comprehensive HIV care services, with acceptable geographical coverage nation-wide.

210)

What are remaining challenges in this area:

There are difficult to coordinate or manage stakeholder activities that are not funded through the NAS in accordance with the Strategic Framework. No epidemiological data on high risk population. Divisional AIDS Co-ordinators and Divisional AIDS Committees, are now inactive, with the co-ordinator positions terminated and the committees dormant. There is need to scale up prevention interventions, especially IEC/BCC activities at national and community level and target 14 - 25 year olds by providing youth friendly services. VCT services are limited to static clinics, there is need to expand VCT outreach services and provide comprehensive treatment services and care for PLHIV by providing skilled medical staff or doctors at ART treatment centres.

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211)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

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

Yes (0)

Page 115

212)

Part B, Section IV: TREATMENT, CARE AND SUPPORT**Question 1 (continued)**

IF YES, how were these specific needs determined?

Survey reports and M&E reports including monitoring reports and annual reviews and annual reports.

213)

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	Don't agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Don't agree
Home-based care	Agree
Palliative care and treatment of common HIV-related infections	Agree
HIV testing and counselling for TB patients	Don't 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	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	Don't agree
HIV care and support in the workplace (including alternative working arrangements)	Don't agree
Other: please specify	

Page 116

214)

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?

8 (8)

215)

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

ART and other medical care are free for those who choose to disclose their HIV status. The number of support societies has increased to 9 and they provide important support for PLHIV adherence to ART and home-based care.

216)

What are remaining challenges in this area:

Stigma and discrimination remains a challenge and there is no legal protection for the infected and affected. There is staff shortage (doctors and Nurses) and work overload. There is need to provide financial resources to support staffing, training, infrastructure and laboratory services and advocacy for necessary legislation and community support.

Page 117

217)

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?

Yes (0)

Page 118

218)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

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

Yes (0)

219)

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

No (0)

220)

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

Yes (0)

Page 119

221)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

Question 2.3 (continued)

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

Please enter the percentage (0-100)

10

222)

Overall, how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2009?

5 (5)

223)

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

Provision of nutritional and education support to orphans and vulnerable children

224)

What are remaining challenges in this area:

Addressing the psychosocial needs of orphans and vulnerable children affected by HIV/AIDS. Train and increase local capacities to protect vulnerable children, prevent the spread of HIV and to address nutritional and educational needs of HIV positive children. Develop and implement policies and programs to help communities care for children.