

Survey Response Details

Response Information

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Response Details

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- 1) **Country**
Iran (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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Please enter in DD/MM/YYYY format
15/03/2010

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- 8) **Describe the process used for NCPI data gathering and validation:**
In order to compile the second indicator (National Composite Policy Index), at first key individuals from the governmental sections (including NAP Manager, Chief of AIDS committee in Welfare Organization, Chief of Health Division of Prison Organization, and Consultant of Welfare Minister) and non-governmental sectors (including PLHIV, academic section, UN agencies and NGOs) were

identified and interviewed using the questionnaire(translated in Persian and in English) accompanying the UNAIDS guidelines. At first the questionnaire were sent to selected persons, then after 1 week a trained individual gathered the filled questionnaires and check it with an interview by them. For any statement, a document was required.

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

If there was any disagreement, at first the coordinating team tried to resolved it based on provided documents. If no document were provided, both opinion presented in the report.

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

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

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 1	MOH/Centre for Disease Control and	abbas Sedaghat/NAP Manager	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	Prison Organization	Marzieh Farnia/Director General of Health devision of Prison Organization	A.I, A.II, A.III, A.IV, A.V
Respondent 3	Ministry of Welfare	Parviz Afshar/consultant of Minister	A .I, A .II, A .III, A .IV, A .V
Respondent 4	welfare Organization	Majid Reza zadeh/Chief of AIDS Commitee	A.I, A.II, A.III, A.IV, A.V
Respondent 5			
Respondent 6			
Respondent 7			
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

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	UNAIDS Fardad Doroudi/UNAIDS Country Officer,IR Iran	B.I, B.II, B.III, B.IV

14)

Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 2 NGO(Health and Culture Institute)	Ramin Radfar/Executive Director	B.I, B.II, B.III, B.IV
Respondent 3 NGO(yaran mosbar)	Nasrin Kordi/member	B.I, B.III, B.IV
Respondent 4 Iranin Center of AUDES Research	Mino Mohraz/ Executive Director	B.I, B.II, B.III, B.IV
Respondent 5		
Respondent 6		

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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:**

2002- 2006 and 2006-2009

17)

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

8

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	Yes	
Military/Police	Yes	Yes
Women	Yes	Yes
Young people	Yes	Yes
Other*	Yes	Yes

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

Prison organization, ministry of transportation, I.R.Iranian broad casting, Red Crescent society, Islam promotion organization,

Page 9

20)

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

21)

1.4 Were target populations identified through a needs assessment?

Yes (0)

Page 10

22)

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

Please enter the year in yyyy format

2006

Page 11

23)

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

Among general population:Policy Makers,Blood donors, women, Among at risk populations:Drug Users,people on the move like Truck drivers and seamen,Refugies,Soldiers,Young Population including students,Health workers, STI patients and their spouses, Among most At risk population:IDUs and their spouses,Prisoners and their spouses,Sex workers,Men who have sex with men, Street children Affected population: PLWHIV and their family members,

24)

1.6 Does the multisectoral strategy include an operational plan?

Yes (0)

25)

1.7 Does the multisectoral strategy or operational plan include:

a. Formal programme goals?	Yes
b. Clear targets or milestones?	Yes
c. Detailed costs for each programmatic area?	Yes
d. An indication of funding sources to support programme?	Yes
e. A monitoring and evaluation framework?	Yes

26)

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

Moderate involvement (0)

Page 12

27)

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

Insufficient number of well developed NGOs, poor NGO networking and lack of organized civil society organizations.

28)

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

Yes (0)

29)

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

Yes, all partners (0)

Page 14

30)

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

Yes (0)

Page 15

31)

Part A, Section I: STRATEGIC PLAN**2.1 IF YES, in which specific development plan(s) is support for HIV integrated?**

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

32)

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	No
Antiretroviral treatment	Yes
Care and support (including social security or other schemes)	Yes
HIV impact alleviation	No
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	No
Women's economic empowerment (e.g. access to credit, access to land, training)	Yes
Other: Please specify	No

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33)

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

No (0)

Page 17

34)

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

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	No
HIV testing and counselling	No
Sexually transmitted infection services	No
Antiretroviral treatment	No
Care and support	No
Other: Please specify	No

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36)

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

Yes (0)

Page 20

37)

Part A, Section I: STRATEGIC PLAN

5.1 IF YES, for which subpopulations?

a. Women	Yes
b. Young people	Yes
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	Yes
Other: Please specify	No

38)

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

Making People aware of their rights. This activity is done through triangular clinics, DICs and other drug treatment centers, positive clubs and association of support for prisoners (as NGO). In case of women during recent years laws related to marriage was reformed in a more supportive way and currently these laws are implemented. This support will help in reducing social vulnerability among women. The justice system follows the illegal cases,

39)

Briefly comment on the degree to which these laws are currently implemented:

For women marriage laws are reformed and new laws are currently implemented. The implementation of supportive laws for most at risk groups is not at desired level

Page 21

40)

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?

Yes (0)

Page 22

41)

Part A, Section I: STRATEGIC PLAN

6.1 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. Sex Workers	Yes
f. Prison inmates	No
g. Migrants/mobile populations	No
Other: Please specify	No

42)

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

Sex work, homosexual relations between men and dealing drugs are illegal, so these groups may be arrested and sent to jail. Since 2005 laws for injecting drug usage have been reformed and now injecting drug users are not arrested if they are covered by prevention and care services like DIs, MMT ...

43)

Briefly comment on how they pose barriers:

Since 2005 injecting drug users are not arrested if they are covered by prevention and care services. In case of other most at risk populations laws interfere with their access to available services.

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44)

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

45)

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

Yes (0)

46)

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

Yes (0)

Page 25

47)

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)

48)

7.4 Is HIV programme coverage being monitored?

Yes (0)

Page 26

49)

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

Yes (0)

50)

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

Yes (0)

Page 27

51)

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

Country has a national M&E plan base on the national strategic plan, and all of target groups which have been mentioned before in question 1.5 are monitored for coverage of HIV services. Most of these indicators are accessed through Bio-Behavioral studies each 2 years. These studies have been integrated in HIV surveillance system for IDUs, sex workers, prisoners at national level and for street children in capital.

52)

Briefly explain how this information is used:

The results of surveillance and M&E system is shared by national committee. In case of some specific groups some other organisations may be involved too. Based on the results the plans and activities are adjusted.

Page 2853) **Part A, Section I: STRATEGIC PLAN****Question 7.4 (continued)****(c) Is coverage monitored by geographical area?**

Yes (0)

Page 29

54)

Part A, Section I: STRATEGIC PLAN**Question 7.4 (c) (continued)****IF YES, at which geographical levels (provincial, district, other)?****Provincial**

55)

Briefly explain how this information is used:

The strategic plan is developed nationwide. Based on this strategic plan annual action plans are developed at provincial level by provincial sub-committees. Specific circumstances are considered by provincial committees and reflected in provincial annual action plans. At national level the stakeholders will focus on provinces which have more problems (less coverage or more high risk behaviors / HIV prevalence). These provinces will receive more technical support and supervision from national level.

56)

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

57)

Part A, Section I: STRATEGIC PLAN

Question 7.5 (continued)

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

7 (7)

58)

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

Some achievements of the country HIV program within 2nd NSP (2007-2009) are as below:
Success in control of HIV epidemic among injecting drug users by Harm reduction programs,
Success in control of HIV program among prisoners, Establishment of specific counseling centers for vulnerable women, Mobilizing leadership and advocacy of religious leaders and judicial system, & Support of HIV positives by insurance system,

59)

What are remaining challenges in this area:

Cultural barriers and High stigma on sexual behaviors like MSM and sex work making poor access to these high risk populations. Not enough resources both financial and capable human resources and Insufficient NGO involvement in areas of high risk behaviors. Deny of some policy makers and key persons on existence of high risk behaviors, as an obstacle on implementation of educational programs and condom promotion.

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60)

Part A, Section II: POLITICAL SUPPORT

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

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

61)

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

62)

2.1 IF YES, when was it created?

Please enter the year in yyyy format

1988

63)

2.2 IF YES, who is the Chair?

Name	Marzieh Vahid Dastjerdi
Position/title	Minister of Heath and Medical education

64)

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?	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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65)

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

66)

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

Please enter an integer greater than or equal to 1

3

67)

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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68)

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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69)

Part A, Section II: POLITICAL SUPPORT

Question 3 (continued)

IF YES, briefly describe the main achievements:

The number of NGOs working in field of HIV has been increased during recent years. At provincial level welfare organization and ministry of health make contracts with NGOs for service delivery in area of HIV specially harm reduction. In some provinces NGOs are involved in development of provincial action plans, based on their capacity. Establishment of 9 positive clubs, the idea of these clubs came from HIV control office in MOH. Now by financial support of GF round 2 and technical support of UNAIDS there are 9 functional positive clubs and by round 8 GF which has just been started the number will be increased. Also establishment of a NGO network is part of plan of round 8 GF.

70)

Briefly describe the main challenges:

1 - This mechanism works at the provincial level, not at a national level, as the majority of CSO's and organisations of PLHIV are not active at a national level. 2 - The mechanism is not active in all provinces. 3 - This mechanism does not include all the NGO's and CSO's, or sometimes the member partners are not fully observing the mechanism. 4. There is not adequate commitment. 5 - The number of NGOs and CBOs involved are still few and the number of capable ones are even less.

71)

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)

10

72)

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	

73)

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

Yes (0)

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74)

Part A, Section II: POLITICAL SUPPORT

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

Yes (0)

Page 37

75)

Part A, Section II: POLITICAL SUPPORT

Question 6.1 (continued)

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

Advocacy among the highest policy making levels; Facilitating access to injecting drug users through proposing new regulations and making relevant legal revisions; Harm reduction considered as a kind of treatment and IDU receiving those services became exempt from prosecution Nobody will be imprisoned only because of drug use Prohibition of mandatory testing at workplace or before hiring workforce Prohibition of mandatory pre-marriage HIV testing

76)

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

Relative negative attitude of some high policy maker about condom promoting`among young people
Change of some policy maker which may come with negative attitude about HIV prevention program among IDUs

Page 38

77)

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)

78)

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

Continuation of HIV prevention programs in spite of some opposition against it. Establishment of specific preventive services for most at risk women including sex workers. Issuing Fatwas in support of PLHIV and prevention by some religious leaders.

79)

What are remaining challenges in this area:

Relative negative attitude of some high policy maker about condom promoting`among young people. Insufficient support for reforming laws. Concern about culturally not accepted reforms. Change of some policy maker which may come with negative attitude about HIV prevention program among IDUs

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80)

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

81)

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)
- h. Abstain from injecting drugs (0)
- i. Use clean needles and syringes (0)
- k. Greater acceptance and involvement of people living with HIV (0)
- l. Greater involvement of men in reproductive health programmes (0)
- m. Males to get circumcised under medical supervision (0)
- n. Know your HIV status (0)
- o. Prevent mother-to-child transmission of HIV (0)

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

avoid all kinds of drugs (including Alcohol, extasy ...) to make sure chosing safer sex practice.

83)

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

No (0)

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84)

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)

85)

2.1 Is HIV education part of the curriculum in:

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

86)

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

Yes (0)

87)

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

No (0)

88)

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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89)

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

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90)

Part A, III. PREVENTION

Question 3.1 (continued)

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

7 (7)

91)

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

1. Relative stabilization of HIV prevalence among IDUs, 2. Relatively scaled up of prevention program, 3. Establishment of specific preventive services for women at risk, in order to increase the access for at risk women.

92)

What are remaining challenges in this area:

1. Restriction to access to some most at risk groups 2. Restriction to provide some aspect of safer sex education to general population

Page 45

93)

Part A, III. PREVENTION

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

Yes (0)

Page 46

94)

Part A, III. PREVENTION**Question 4 (continued)**

IF YES, how were these specific needs determined?

Through Situation analysis, M&E reports, KAP studies, BSS

95)

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	N/A
IEC* on risk reduction	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	Don't 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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96)

Part A, III. PREVENTION

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

7 (7)

97)

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

1. Relative stabilization of HIV prevalence among IDUs, 2. Relatively scaled up of prevention program, 3. Establishment of specific preventive services for women at risk, in order to increase the access for at risk women.

98)

What are remaining challenges in this area:

Some restricts (based on cultures and laws) for access to other high risk sub population

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99)

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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100)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1.1 IF YES, does it address barriers for women?

Yes (0)

101)

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

No (0)

102)

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

Yes (0)

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103)

Part A, Section IV: TREATMENT, CARE AND SUPPORT**Question 2 (continued)****IF YES, how were these determined?**

Via the information which are gathered through calculating M&E indicators , behavior surveys among at risk sub-population, patient monitoring, HIV situation analysis and response

104)

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	Don't 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	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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105)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

Yes (0)

106)

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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107)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 4 (continued)

IF YES, for which commodities?:

ARVs, Condom, TB prophylactic and treatment regimens, Cotrimoxazol, vaccines,

Page 53

108)

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)

109)

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

updating care & treatment national protocols , integrating patient monitoring system in the routine reporting mechanism, scaling up the supply drug chain management

110)

What are remaining challenges in this area:

Complicated procurement and supply chain of drugs specialy ARVs.

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111)

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?

Yes (0)

Page 55

112)

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

Yes (0)

113)

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

No (0)

Page 56

114)

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

3 (3)

115)

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

Involvement of one specific NGO in area of support for HIV orphans. Restructure of national HIV support sub committee. This may lead to improvement of all activities related to social support and now this committee is developing a plan for this target group.

116)

What are remaining challenges in this area:

1. There is no estimation about the size of problem. 2. Fear of HIV make acceptance of HIV orphans harder. 3. Issue of vulnerable children is very challenging. Involvement of gangs, and being unable to protect themselves make the issue much complicated.

Page 57

117)

Part A, Section V: MONITORING AND EVALUATION

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

Yes (0)

Page 58

118)

1.1 IF YES, years covered:

Please enter the start year in yyyy format below

2007

119)

1.1 IF YES, years covered:

Please enter the end year in yyyy format below

2009

120)

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

Yes (0)

121)

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

Yes (0)

122)

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

Yes, all partners (0)

Page 60

123)

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

Page 61

124)

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

125)

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

Yes (0)

Page 62

126)

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".

3

127)

3.2 IF YES, has full funding been secured?

Yes (0)

128)

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

Yes (0)

Page 64

129)

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

No (0)

Page 65

130)

IF NO, briefly describe how priorities for M&E are determined:

through consensus among key partners and key informants (members of national HIV M&E committee), but a study is being carried out.

131)

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

In progress (0)

Page 69

132)

What are the major challenges?

Complete M&E plan has been developed recently, later than the NSP. so there was not a capability to implement M&E needed researches on time. And there was not enough coordination for M&E in all involved organizations and ministries.

Page 70

133)

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)

134)

6.1 Does it include representation from civil society?

Yes (0)

Page 71135) **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:**

1. An NGO working in the field of HIV 2. Key informants from academic section

136)

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

Yes (0)

Page 72

137)

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

All the recieved information and data from monitoring of programs, registry system, surveillances, BBS, and other studies are classified according to their categories and sored centrally. one personel is appointed to manage it

138)

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)

Page 73

139)

7.3 Is there a functional* Health Information System?

At national level	Yes
At subnational level	Yes

Page 74**140) Part A, Section V: MONITORING AND EVALUATION**

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

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

The data is gathered and registered at the care providinhg units. Then it is sent to Managing organization at the level of disttricts(named Health center of the each city), then to Universities of Medical sciences and Health sevices, and then to national level.

141)

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

No (0)

142)

9. To what extent are M&E data used**9.1 in developing / revising the national AIDS strategy?:**

5 (5)

143)

Provide a specific example:

1. the result of BBS in the field of their sexual behavior, result in high lighting the significance of this issue.

144)

What are the main challenges, if any?

1. The data is not gathered and analyzed just on time. 2. The national BSS among IDUs has been implemented for 2 years, for prisoners and sex workers the data are available only for one round and trends of behaviors are not available.

Page 75**145) Part A, Section V: MONITORING AND EVALUATION****9.2 To what extent are M&E data used for resource allocation?**

4 (4)

146)

Provide a specific example:

Previous studies had showed high odds ratio of imprisonment among IDUs for getting HIV. So Prison was considered as a major priority and HIV preventive activities was forced in such institutions. Now the coverage of MMT is much higher in prisons and prevalence of HIV among prisoners decrease to less than 2%.

147)

What are the main challenges, if any?

The data is not available for all target groups and just on time.

Page 76

148)

Provide a specific example:

Previous studies had showed high odds ratio of imprisonment among IDUs for getting HIV. So Prison was considered as a major priority and HIV preventive activities was forced in such institutions. Now the coverage of MMT is much higher in prisons and prevalence of HIV among prisoners decrease to less than 2%.

149)

What are the main challenges, if any?

The data is not available just on time.

Page 77

150) **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

151)

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

152) **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

8

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

Please enter an integer greater than 0

40

Page 80

154)

Part A, Section V: MONITORING AND EVALUATION

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

Yes (0)

Page 81

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

Question 10.2 (continued)**IF YES, describe what types of activities:**

Establishment Knowledge Hub for HIV/AIDS Surveillance, Kermam. Revising routine reporting system and developing software for patient monitoring system and VCT performance.

Page 82**156) Part A, Section V: MONITORING AND EVALUATION****Question 10.2 (continued)****Overall, how would you rate the M&E efforts of the HIV programme in 2009?**

7 (7)

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

Accomplishment of the first comprehensive M&E for the second NSP.

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

M&E must be implemented concurrently with NSP, and there is a significant concern that whether it can be done or not (because of our restricted capability specially trained personnel at service delivery level).

Page 83**159)****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)

Page 84**160)****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:

There are certain laws and regulations that protect people living with HIV against discrimination. The vice-president issued a circular prohibiting the HIV testing prior to employing staff. Based on this instruction dismissal of the staff living with HIV is disallowed. Another circular issued by the Ministry of Education enforces the registration of children living with HIV in schools. A circular has been issued to detention facilities throughout the country that prohibits segregation of HIV-positive inmates. Certain articles in the Constitution of the Islamic Republic of Iran stress on equality of all persons before the law, the state's responsibility in eliminating unfair discrimination against any person in all material and spiritual spheres, equal enjoyment of political, economic, cultural and human rights for all citizens and equality of access to health and treatment services. The NSP emphasizes on the right of patients to confidentiality as their human rights. Furthermore, the draft of " AIDS Policy in the Islamic Republic of Iran" has stressed on the non-discriminatory service delivery to people with different individual behaviour.

161)

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

Yes (0)

Page 85

162)

Part B, Section I. HUMAN RIGHTS**2.1 IF YES, for which subpopulations?**

a. Women	Yes
b. Young people	Yes
c. Injecting drug users	No
d. Men who have sex with men	No
e. Sex Workers	No
f. prison inmates	Yes
g. Migrants/mobile populations	Yes
Other: Please specify	

163)

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

At present there is no mechanism to know the extent by which such directives are working in practice.

164)

Briefly describe the content of these laws:

The law does not consider drug users receiving treatment to be offenders. On harm reduction, a directive has been issued by the chief of the Judiciary whereby the judges are ordered not to obstruct harm reduction interventions. The fourth development plan of the Islamic Republic of Iran heeded the issue of HIV/AIDS as well as socially vulnerable groups which are at greater risk of

being infected with HIV. Article 86 of the 4th plan law had charged the MOHME with the responsibility for all necessary measures to prevent and treat AIDS. Also Article 97 made explicit reference to: -Prevention of drug addiction, curriculum revisions to include social and life skills education (clause d); -Timely service delivery to most-at-risk populations involving participation of NGOs (clause e); -Prioritization of harm reduction strategies (clause g-II); and -Consolidation of the role of the public and NGOs in drug abuse prevention and control (clause g-VI);

165)

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

establishment of 173 DICs, 274 outreach team and providing MMT to 25407 prisoners indicate that these regulation at least to some extent is working.

Page 86

166)

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

167)

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	

168)

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

Sex work and practice of men having sex with men are illegal in the country. However, for trans-genders there are governmental sectors to protect them in terms of treatment, care and support. In addition, those female sex workers seeking for health services and medical support in HIV/STI-related facilities e.g. Women DIC, VCT centers, etc are protected.

169)

Briefly comment on how they pose barriers:

They lead these population to be more hidden, So more and more become out of access. IDUs are not considered offenders if they engaged in preventive services.

Page 88**170) 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

171)

Part B, Section I. HUMAN RIGHTS

Question 4 (continued)

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

Protection of human rights has been specifically mentioned in "AIDS Policy" where the Policy document specifically addresses people rights as well as stigma and discrimination reduction, confidentiality, occupation, etc.

172)

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?

No (0)

Page 90

173)

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

174)

Part B, Section I. HUMAN RIGHTS

Question 6 (continued)

IF YES, describe some examples:

A PLHIV representative was involved in development of AIDS Policy and the 2nd NSP. The 3rd NSP is under process. And is a member of CCM.

175)

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

176)

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:

The above policies are in place already. Various organizations are implementing the above policies for various population subgroups. For instance, VCT services, condom distribution, harm reduction under preventive measures, provision of ARV for PLHIV under treatment and medical insurance of PLHIV, psychosocial support to PLHIV through positive clubs and home care are worth mentioning.

177)

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

178)

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)

179)

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

Yes (0)

Page 94

180)

Part B, Section I. HUMAN RIGHTS**Question 9 (continued)****IF YES, briefly describe the content of this policy:**

The main client of the vast and well established PHC system of the country are women who benefit from a comprehensive and integrated reproductive health services. Moreover, as far as HIV is concerned, to address growing need for provision of specific services to the vulnerable women, specific centers for women have been established during the past two years.

181)

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

Yes (0)

Page 95

182)

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

Under AIDS Policy, equal access MARP and/or other vulnerable subpopulations to HIV prevention, treatment, care and support has been emphasized.

183)

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

Yes (0)

184)

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

185)

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?

Yes (0)

186)

IF YES, describe the approach and effectiveness of this review committee:

Conduct of any research by universities requires approval of ethical review committee.

Page 97

187)

– 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)

188)

– 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)

189)

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

No (0)

Page 99

190)

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)

191)

– Legal aid systems for HIV casework

No (0)

192)

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

No (0)

193)

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

Yes (0)

194)

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

Yes (0)

Page 100

195)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)

IF YES, what types of programmes?

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

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196)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)

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

4 (4)

197)

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

Since 2007, what have been key achievements in this area: What are remaining challenges in this area: At present, there are certain rules and regulations that aim to protect people living with HIV/AIDS against discrimination. A directive issued by a former vice-president prohibits the employers from testing employment applicants before recruitment and prohibits the expulsion of employees on grounds of being infected with HIV. There is also a directive issued by a former minister of education mandating enrolment and prohibiting discrimination against HIV infected pupils in the school system. We are unaware of the extent by which such directives are working in

practice. There are bylaws directing the Iranian prison network not to segregate HIV positive inmates and to include inmate AIDS patients among the severely ill qualified for exemption from penal action. The law does not consider drug users receiving treatment to be offenders. On harm reduction, a directive has been issued by the chief of the Judiciary whereby the judges are ordered not to obstruct harm reduction interventions

198)

What are remaining challenges in this area:

There is still discrimination against some MARG including sexworkers.

Page 102

199)

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?

4 (4)

200)

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

A relatively good advocacy in policy makers for HIV prevention programs among IDUs

201)

What are remaining challenges in this area:

It seems it is difficult to advocate policy makers for HIV prevention programs among those at of HIV because of their sexual behaviors

Page 103

202)

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)

203)

Comments and examples:

Considering weak national civil society, NGOs play acceptable role in formulation of national strategies.

Page 104

204)

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)

205)

Comments and examples:

NGOs participated in CCM, development of GF programme and the 2nd NSP.

Page 105

206)

a. the national AIDS strategy?

4 (4)

207)

b. the national AIDS budget?

4 (4)

208)

c. national AIDS reports?

4 (4)

209)

Comments and examples:

NGOs are basically supported by government as contractors for services to target groups and report accordingly.

Page 106

210)

a. developing the national M&E plan?

4 (4)

211)

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

5 (5)

212)

c. M&E efforts at local level?

3 (3)

213)

Comments and examples:

NGOs have been planned recently to join their efforts/reports to the national M&E system.

Page 107**214) 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)

215)

Comments and examples:

There are some charities, faith based organizations, private sector working in this area.

Page 108

216)

a. adequate financial support to implement its HIV activities?

4 (4)

217)

b. adequate technical support to implement its HIV activities?

4 (4)

218)

Comments and examples:

There is some efforts recently for capacity building on M&E, financial accountability, client oriented services and service provision to MARP. In addition, NGOs are technically supported by medical universities and UNAIDS in certain area according to NSP.

Page 109**219) 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	25-50%
- Men who have sex with men	>75%
- Sex workers	25-50%
Testing and Counselling	<25%
Reduction of Stigma and Discrimination	51-75%
Clinical services (ART/OI)*	<25%
Home-based care	<25%
Programmes for OVC**	<25%

Page 110

220)

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)

221)

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

Increased involment of NGOs program planning.

222)

What are remaining challenges in this area:

Lack of networking among organizations working in the feild of HIV

Page 111

223)

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

Yes (0)

Page 112

224)

Part B, Section III: PREVENTION**Question 1 (continued)****IF YES, how were these specific needs determined?**

Through situation analysis and situation and response assessment

225)

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	Don't agree
Condom promotion	Don't agree
HIV testing and counselling	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	Agree
School-based HIV education for young people	Don't agree
HIV prevention for out-of-school young people	Don't agree
HIV prevention in the workplace	N/A
Other: please specify	N/A

Page 113

226)

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)

227)

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

No comment was provided.

228)

What are remaining challenges in this area:

No comment was provided.

Page 114

229)

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

230)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

Question 1 (continued)

IF YES, how were these specific needs determined?

Conduct of response analysis, triangular clinic performance

231)

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	N/A
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	Agree
HIV care and support in the workplace (including alternative working arrangements)	Don't agree
Other: please specify	N/A

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232)

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?

7 (7)

233)

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

: Establishment/expansion of positive clubs to provide psych-social support, initiation and conduct of home based care.

234)

What are remaining challenges in this area:

No comment provided.

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235)

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?

No (0)