Survey Response Details

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Response Details

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1) Country

Guyana (0)

2) Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:

Shanti Singh-Anthony

3) Postal address:

National AIDS Programme Secretariat Hadfiled Street and College Road, Wortmanville, Georgetown, Guyana

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7) Date of submission:

Please enter in DD/MM/YYYY format

29/03/2010

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8) Describe the process used for NCPI data gathering and validation:

The methodological approach used for developing the NCPI is outlined below in the following specific steps: 1. Identification of civil society representative. Ms Desiree Edgehill, deputy chair of the CCM and Civil society representative, agreed to represent civil society during the UNGASS

deliberations. 2. Appointment of a technical working group comprised of 4 – 6 members, performed by the MERG with the following roles: (i) Agree on the process and timeline (ii) The selection of best respondents for each section (iii) Agree on the final results from both sections A and B of the questionnaire 3. Selection of Key Informants for each section • Strategic Plan and Political Support: Programme Manager of NAPS, Coordinator of Line Ministries Response, Health Sector Development Unit (HSDU) • Monitoring and Evaluation: Programme Manager of NAPS, M&E officer of NAPS/Ministry of Health, Epidemiologist, NAPS, Programme Manager & M&E Officer, TB, National TB Clinic. • Human Rights: Guyana Women Lawyers Association, SASOD, Guyana Bar Association , Lifeline Counselling Services, Guyana Sex Workers Coalition, National AIDS Committee, UNAIDS Country Director, Guyana/Suriname, PAHO/WHO, International Labour Organisation, Guyana Business Coalition on HIV/AIDS, Artistes in Direct Support, Caribbean Sub Regional Advisor, HIV/AIDS, UNICEF • Civil Society: Guyana Rainbow Association Guyana Responsible Parenthood Association, Lifeline Counselling Services, Hope For All, Youth Challenge Guyana, Artistes In Direct Support, Hope Foundation, Linden Care Foundation, National AIDS Committee, Guyana Sex Workers Coalition, SASOD, UNAIDS Country Director, Guyana/ Suriname, PAHO/WHO, St Francis Community Developers, Guyana Red Cross. • Prevention: BCC Coordinator, NAPS, Community Outreach Coordinator, NAPS, Chief Medical Officer, Ministry of Health, Programme Manager of NAPS, VCT National Coordinator, NAPS,HIV Focal Point, Ministry of Local Government, President Youth Award of Guyana , Ministry of Culture, Youth & Sport, National AIDS Commission, Guyana Business Coalition on HIV/AIDS, Guyana Faith Coalition on HIV/AIDS, Guyana Sex Workers Coalition, International Labour Organisation, UNAIDS Country Director, Guyana/Suriname, PAHO/WHO, Caribbean Sub Regional Advisor for HIV/AIDS -UNICEF, PEPFAR Country Coordinator, Operation Restoration, Youth Challenge Guyana, Guyana Rainbow Association, St . Francis Community Developers, Guyana Red Cross, Hope For All, Artistes In Direct Support, Hope Foundation, Linden Care Foundation, Guyana Responsible Parenthood Association, Lifeline Counselling Services, Operation Restoration. • Care and Support Section: Programme Manager of NAPS, National Care & Treatment Centre, Chief Medical Officer, Ministry of Health, Care and Treatment Coordinator, NAPS, Home Based Care Coordinator, NAPS, UNAIDS Country Director, Guyana/Suriname, PAHO/WHO, Caribbean Sub Regional Advisor on HIV/AIDS - UNICEF, PEPFAR Country Coordinator, Francois Xavier Bagnoud Centre, Supply Chain Management Systems, National AIDS Commission, Guyana Sex Workers Coalition, Hope For All, Hope Foundation, Linden Care Foundation, Guyana Responsible Parenthood Association, Lifeline Counselling Services. Each recommended key informant (drawn from Regions Two, Three, Four, Six, Seven and Ten) was informed by the NAPS through a letter about the UNGASS and the NCPI survey. Each key informant was subsequently contacted by the Consultant to arrange a time and place for interview. The questions from the relevant sections of the NCPI were read to the each key informant and the consultant recorded their responses. Four interviews were conducted by telephone. 4. Data Entry, Analysis and Interpretation (i) When both sections were completed, the Lead Consultant reviewed and checked them to identify discrepancies between the government and other counterparts' responses. (ii) The data from the questionnaires were entered into an EXCEL spreadsheet. (iii) On entering the data into EXCEL, the number of the responses for each question was noted and analysed to generate a final report. 5. A trend analysis was conducted to identify areas of agreement, similarity and discrepancy among the responses from the Government, Civil Society, Bilateral Agencies and UN Organisations. • This report reflects the areas of agreements and discrepancies. 6. A Power-Point presentation on the findings of the NCPI Survey was developed for incorporation into the NAPS presentation on the UNGASS Report at the National Consensus Meeting in March 2010 for further validation.

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

There were no disagreements

10)

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

There were no concerns

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11)

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

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 1	Ministry of Health/ National AIDS Programme Secretariat	Dr. Shanti Singh-Anthony/ Programme 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	Ministry of Health/ National AIDS Programme	Ms. Jennifer Ganesh/BCC Coordinator	A.III
Respondent 3	Ministry of Health	Dr. Jadhunauth Raghunauth/ Director National Care and Treatment Center	A. IV
Respondent 4	Ministry of Local Government	Ms. Aleta Peterson/ HIV Focal Point	A.III
Respondent 5	Ministry of Health/National AIDS Programme Secretariat	Ms. Shevonne Benn/ Home Base Care Coordinator	A. IV
Respondent 6	Ministry of Culture Youth and Sports	Ms. Alicia Pompey/ HIV Focal Point, PYARG	A.III
Respondent 7	Ministry of Culture Youth and Sport	Mr. Idi Wilson/ Assistant Field OfficerPYARG	A. III
Respondent 8	Ministry of Health/ National AIDS Programme Secretariat	Mr. Nicholas Persaud/ National Treatment Coordinator	A.IV
Respondent 9	Ministry of Health/ National AIDS Programme Secretariat	Ms. Nafeza Ally/ Social Services Coordinator	A. IV
Respondent 10	Ministry of Health/ National AIDS Programme Secretariat	Mr. Nazimul Hussain/ Community Mobilisation Coordinator	A.III
Respondent 11	Ministry of Health/ National Tuberculosis Control Programme	Dr. Mohanlall/ National TB programme Manager	A.V
Respondent 12	Ministry of Health/ National Tuberculosis Control Programme	Ms. Yohani Chand/ M&E officer	A.V
Respondent 13	Ministry of Health/ National AIDS Programme	Ms. Grace Perry/ M&E Officer	A.V
Respondent 14	Ministry of Health/ National AIDS Programme Secretariat	Ms. Debra Success/VCT Coordinator	A.III
Respondent 15	Ministry of Health	Dr. Shamdeo Persaud/ Chief Medical Officer	A. III, A.IV
Respondent 16	Ministry of Health/ National AIDS Programme	Dr. Bendita Latchmansingh/M&E Officerh	A.V
Respondent 17	Ministry of Health	Mr. Patrick Mentore/ Line Ministry Coordinator	A.I, A.II

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	National AIDS Committee	Ms. Hyacinth Sandiford/Chairperson	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	PEPFAR programme/Supply Chain Management Systems	Dr. San San Min/ Country Director	B.IV
Respondent 3	PEPFAR Programme/ Francois Xavier Bagnound Center	Ms. Nicole Jordan/Programme/Country Director	B.IV
Respondent 4	ILO	Mr. Sean Wilson/ Project Coordinator	B.I, B.II, B.III
Respondent 5	UNICEF	Mr. Geoffrey Ijumba/ Caribbean Sub-Regional Advisor on HIV and AIDS	B.I, B.III, B.IV
Respondent 6	PAHO	Dr. Kathleen Isreal/PWR PAHO Guyana	B.I, B.II, B.III, B.IV
Respondent 7	PAHO	Dr. Rosalinda Hernandez/HIV Specialist	B.I, B.II, B.III, B.IV
Respondent 8	PEPFAR	Mr. Joseph Eastman/ PEPFAR Country Coordinator	B.III, B.IV
Respondent 9	UNAIDS	Dr. Ruben Del Prado/UCC Guyana	B.I, B.II, B.III, B.IV
Respondent 10	Guyana Business Coalition on HIV and AIDS	Michella Hoffman/ Executive Director (ag)	B.III, B.IV

Respondent 11	Youth Challenge Guyana	Mr. Dimitri Nicholson/ Executive Director	B.I, B.III
Respondent 12	Linden Care Foundation	Ms. Hazel Maxwell Benn/Managing Director	B.II, B.III, B.IV
Respondent 13	Hope Foundation	Mr. Ivor Melville/ Executive Director	B.IV
Respondent 14	Hope Foundation	Ms. Marlyn Subryan/ Administrartive Assistant/ Counsellor	B.II, B.III
Respondent 15	Hope for All	Ms. Shaundell Butters/Executive Director	B.II, B.III, B.IV
Respondent 16	Artiste in Direct Support	Ms. Desiree Edghill/Executive Director	B.I, B.II, B.III
Respondent 17	Life Line Counselling	Mr. Bruce Whatley/ Executive Director	B.I, B.II, B.III, B.IV
Respondent 18	Operation Restoration	Ms. Phyllis Jordan/Executive Director	B.II, B.III
Respondent 19	Guyana Sex Coalition	Ms. Mariam Edwards	B.II, B.III, B.IV
Respondent 20	Guyana Responsible Parenthood Association	Ms Sheila Yaw Fraser/ Programme Director	B.II, B.III, B.IV
Respondent 21	Guyana Rainbow Association	Ms. Collen McKwen/ Executive Director	B.II, B.III
Respondent 22	Guyana Red Cross	Ms Ashanta Osbourne Moses/ HIV and AIDS Field Manager	B.II, B.III
Respondent 23	Guyana Faith Coalition on HIV and AIDS	Ms. Fatu Gbedema/ Coordinator	B.III
Respondent 24	Guyana Bar Association	Mr. Gino Persaud/Member	B.I
Respondent 25	SASOD	Mr. Joel Simpson/ Co-Chairperson	B.I, B.III

15) If the number of respondents to Part B is more than 25, please enter the rest of respondents for Part B in below box.

26. Guyana Womens Lawyers Legal Aide Clinic- Justice Roxanne George/Member- Section 1. 27. St. Francis Community Developers- Mr. Flavio Rose/Project Coordinator- Sections 2 and 3

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16)

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

17)

1.1 How long has the country had a multisectoral strategy?

Number of Years

11

18)

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

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

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

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

Public Service, Agriculture Sector(Rice farmers, Fisherfolk, Cash crop Farmers, Guyana Rice Development Board, Guyana Sugar Corporation), Housing and Water, Amerindian Affairs (Indigenous People), Social Services and Orphans and Vulnerable Children, Sports,

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?

All of the above sectors have earmarked budgets

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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	No
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	No
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?

Yes (0)

Page 10

23)

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

2004

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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?

1. General population 2. Sex workers 3. Men who have sex with men 4. In school youth 5. Out of School youth 6. Prisoners 7. Miners

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:

1. Civil society were involved in each priority areas in defining the gaps and strategic areas for action through the established Technical working groups. 2. Civil Scoiety was actively involved in the review of the various drafts and the final consensus meeting.

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, all partners (0)

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31)

Part A, Section I: STRATEGIC PLAN

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

Yes (0)

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32)

Part A, Section I: STRATEGIC PLAN

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

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

33)

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 toland, training)	Yes
Other: Please specify	

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34)

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

35)

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

36)

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

No (0)

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37)

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)

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38)

Part A, Section I: STRATEGIC PLAN

6.1 *IF YES,* for which subpopulations?

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

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39)

Part A, Section I: STRATEGIC PLAN

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

Yes (0)

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40)

Part A, Section I: STRATEGIC PLAN

7.1 Have the national strategy and national HIV budget been revised accordingly?

Yes (0)

41)

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

Yes (0)

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42)

Part A, Section I: STRATEGIC PLAN

7.3 Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?

Estimates of current and future needs (0)

43)

7.4 Is HIV programme coverage being monitored?

Yes (0)

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44)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (continued)
(a) IF YES, is coverage monitored by sex (male, female)?

Yes (0)

45)

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

Yes (0)

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46)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (b) (continued)
IF YES, for which population groups?

Prisoners, Military, MSM, CSW, Uniformed Services, Out of School Youth, In School Youth, Guysuco

47)

Briefly explain how this information is used:

This information is used to identify areas of the gaps for interventions

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

Question 7.4 (continued)
(c) Is coverage monitored by geographical area?

Yes (0)

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49)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (c) (continued)
IF YES, at which geographical levels (provincial, district, other)?

Administrative Regions

50)

Briefly explain how this information is used:

Used to inform which areas are vulnerable,areas where the issue of healthy lifestyle is under threat are identified, seek to inform the efforts and mode of intervention to be employed, identify gaps and therefore areas for intervention.

51)

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

52)

Part A, Section I: STRATEGIC PLAN

Question 7.5 (continued)
Overall, how would you rate strategy planning efforts in the HIV programmes in 2009?

8 (8)

53)

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

- Had more Public Sector entities as implementers, denotes an increased awareness of the HIV/AIDS education needs of the public servants. - General willingness to address the needs of the population at large - Thematic working groups regularly review and revise strategies accordingly based on evidence -Data from studies and surveys are used for action -New studies have been introduced to inform strategy such as the DHS

54)

What are remaining challenges in this area:

Technical capacity of Human Resources is limited.

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55)

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

56)

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

57)

2.1 IF YES, when was it created?

Please enter the year in yyyy format

2004

58)

2.2 IF YES, who is the Chair?

Name	Dr. Bharrat Jagdeo
Position/title	President of the Cooperative Republic of Guyana and Chairman of the Presidential Commission on HIV and AIDS

59)

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?	Yes
have a functional Secretariat?	No
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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60)

Part A, Section II: POLITICAL SUPPORT

3. Does the country have a mechanism to promote interaction between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?

Yes (0)

Page 35

61)

Part A, Section II: POLITICAL SUPPORT

Question 3 (continued)
IF YES, briefly describe the main achievements:

The CCM of the Global Fund allow for updates from the Global Fund to be shared. Additonally interaction from each sector and agencies for updates with allowance for clarifications thereby reducing duplication of efforts. Update on policy directions

62)

Briefly describe the main challenges:

Regularity of meetings due to conflicting and competing priories.

63)

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	

64)

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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65)

Part A, Section II: POLITICAL SUPPORT

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

Yes (0)

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66)

Part A, Section II: POLITICAL SUPPORT

Question 6.1 (continued)
IF YES, name and describe how the policies / laws were amended:

The OVC policy The Education Policy The HIV workplace Policy

67)

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

The process is an ongoing one and legisations are drafted

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68)

Part A, Section II: POLITICAL SUPPORT

Question 6.1 (continued)
Overall, how would you rate the political support for the HIV programmes in 2009?

7 (7)

69)

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

- Ministry of Health achievements, in the form of Dr. Ramsammy has demonstrated leadership and committment -the formation of the presidental commission with leadership from the highest office of the country

70)

What are remaining challenges in this area:

- Getting more policy makers on board. -getting more policy makers to understand the impact that HIV/AIDS could make in terms of sector development, providing goods and services, and issues surrounding human resources.

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71)

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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72)

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)
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)

73) In addition to the above mentioned, please specify <u>other</u> key messages explicitly promoted:

reduction of stigma and discrimination, community involvement, condom negiotations and female condom use.

74)

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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75)

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)

76)

2.1 Is HIV education part of the curriculum in:

primary schools?	Yes
secondary schools?	Yes
teacher training?	Yes

77)

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

Yes (0)

78)

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

Yes (0)

79)

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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80)

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

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81) **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".

The other population are youth and in the case vulnerability reduction such as income generation this was for persons living with HIV

Page 44

82)

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)

83)

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

-Expansion of the PMTCT programme to ensure National Coverage - Establishment of the National Prevention Reference Working Group - Development of workplace policies through the ILO and Guyana Business Coalition on HIV and AIDS -Principles, Standards and Guidelines on HIV Prevention Developed.

84)

What are remaining challenges in this area:

-Behaviour change remains difficult. -Poor knowledge of existing workplace policies. -Limited Funding. -Lack of policies in regards to Most at risk populations in particular MSM and CSW.

Page 45

85)

Part A, III. PREVENTION

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

Yes (0)

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86)

Part A, III. PREVENTION

Question 4 (continued)
IF YES, how were these specific needs determined?

- Through Research and Surveys - Consultations with Stakeholders - Implementers meeting- identifying gaps

87)

4.1 To what extent has HIV prevention been implemented?

	The majority of people in need have access
HIV prevention component	
Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Agree
Condom promotion	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	N/A
Risk reduction for men who have sex with men	Agree
Risk reduction for sex workers	Agree
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	Agree
HIV prevention in the workplace	Agree
Other: Miners, Unifromed Services, PLHIV and their families	Agree

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88)

Part A, III. PREVENTION

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

9 (9)

89)

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

-Reduction of Mother to Child Transmission. -Reduction in the HIV rates among Sex workers, MSM and other MARPS -Increase condom use -Increase in the VCT uptake -Increase in geographic coverage of VCT -Perception of less stigma and discrimination(Openly testing fro HIV)- - Increase in PMTCT uptake - Introduction and increase availability of female condoms

90)

What are remaining challenges in this area:

-Stigma and Discrimination -Capacity Building for Health care workers -Limited male involvement - Limited funding -Limited involvement among FBOs, -Too late introduction of health education, sexual eductaion among in school youth. -restriction on condom availabily at key places such as schools and prisons - Satisfactorily access to PEP

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91)

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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92)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1.1 IF YES, does it address barriers for women?

Yes (0)

93)

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

Yes (0)

94)

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

Yes (0)

Page 50

95)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 2 (continued)
IF YES, how were these determined?

-From Local Studies and research, from modelling exercise such as spectrum and EPP. - Analysis of information through the patient monitoring system -Based on global research - based on the local availability of new technologies such as viral load and DNA PCR testing -Based on technical and clinical experence

96)

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

HIV treatment, care and support service	The majority of people in need have access
Antiretroviral therapy	Agree
Nutritional care	Agree
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Agree
Home-based care	Agree
Palliative care and treatment of common HIV-related infections	Agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	Agree
TB infection control in HIV treatment and care facilities	Agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Agree
HIV treatment services in the workplace or treatment referral systems through the workplace	Agree
HIV care and support in the workplace (including alternative working arrangements)	Don't agree
Other: PLHIV with Chronic Non Communicable Diseases, Quality of Services, Capacity Building fro Health Care Providers	Agree

Page 51

97)

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)

98)

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

Yes (0)

Page 53

99)

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?

9 (9)

100)

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

- Introduction of DNA and RNA PCR Testing - Expansion of the Diagnostic capabilities for managing HIV patients and for diagnosis of OIs - reductions of OIs and Hospitalisations- Cost Savings - Increase ART coverage. - Development of A patient monitoring system. - Expanded HBC Programme -Introduction of monitoring for quality- HEALTHQUAL. -Increase in human capacity (numbers and technical capacity) - HIV DR. Protocol developed. -EWI indicators monitored and reported. - Increase survival of patients - Inproved Nutritional Support Systems - Increase collaboration with CSOs in the area of care and support

101)

What are remaining challenges in this area:

- Adherence and compliance

Page 54

102)

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

103)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

5.1 IF YES, is there an operational definition for orphans and vulnerable children in the

country?

Yes (0)

104)

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

Yes (0)

105)

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

Yes (0)

Page 56

106)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 5.3 (continued)
IF YES, what percentage of orphans and vulnerable children is being reached?

Please enter the rounded percentage (0-100)

23

107)

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

7 (7)

108)

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

-Support to the minimum standards to Children home -80% of Childrens home(Orphanages)renovated

109)

What are remaining challenges in this area:

- Not adequately reached (unaware of where some of these maybe, especially those with grandparents) -Stigma and Discrimination related to OVC disclosure -relatively inaqeuate information on OVCs - Poor private sector involvement

Page 57

110)

Part A, Section V: MONITORING AND EVALUATION

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

Yes (0)

Page 58

111)

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

2007

112)

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

2011

113)

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

Yes (0)

114)

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

Yes (0)

115)

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

Yes, most partners (0)

Page 60

116)

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	No
a data dissemination and use strategy	No

Page 61

117)

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

118)

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

Yes (0)

Page 62

119)

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

Yes (0)

Page 64

120)

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

Yes (0)

Page 65

121)

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:

Through the MESST developed by the Global Fund. Through consultation in development of the National M&E operational Plan

122)

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

In progress (0)

Page 69

123)

What are the major challenges?

-M&E capacity

Page 70

124)

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)

125)

6.1 Does it include representation from civil society?

No (0)

Page 71

126)

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

No (0)

Page 73

127)

7.3 Is there a functional* Health Information System?

At national level	No
At subnational level	No

Page 74

128)

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

Yes (0)

129)

9. To what extent are M&E data used

9.1 in developing / revising the national AIDS strategy?:

4 (4)

130)

Provide a specific example:

eg-Findings of Behavioural Surveys have given direction to the strategy for inclusion of other groups such as miners

Page 75

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

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

4 (4)

132)

Provide a specific example:

Eg- High default rate for patients coinfected - increase funding for me outreach activities

133)

What are the main challenges, if any?

Limited availabilty of fundings

Page 76

134)

Part A, Section V: MONITORING AND EVALUATION

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

3 (3)

135)

Provide a specific example:

Information on the quality of services provided through the HEALTHQUAL initiative resulted in the development of Quality management committe

136)

What are the main challenges, if any?

-Limited Capacity to analyse and understand data. -

Page 77

137) **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

138)

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

At national level?	Yes
At subnational level?	
At service delivery level including civil society?	Yes

Page 80

139)

Part A, Section V: MONITORING AND EVALUATION

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

Yes (0)

Page 81

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

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

- Ongoing capacity building - Informal sessions in epi info - Mentoring through resident consultant

Page 82

141) **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?

6 (6)

142)

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

-Target Setting process completed -BBSS for seven groups of persons complete -Mid Term Review of National Strategic plan -Timely completion of required reports such as UA,EWI, Global Fund and others -Dedicated M&E staff for TB/HIV

143)

What are remaining challenges in this area:

-Limited Technical Capacity - Limited verification of data, data analysis and use. -Lack of supportive supervision -High turn over of low level M&E staff such as data entry clerks -large amounts of data are paper based

Page 83

144)

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 specifi cally mention HIV, focus on schooling, housing, employment, health care etc.)

No (0)

Page 84

145)

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

146)

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

147)

Part B, Section I. HUMAN RIGHTS

3.1 *IF YES*, for which subpopulations?

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

148)

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

Laws against same sex imtimacy. Laws criminalising activities in the sex industry.

149)

Briefly comment on how they pose barriers:

The necessity for parental consent for services based on the definition of a minor, this prevents young people from accesing services.

Page 88

150) **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

151)

Part B, Section I. HUMAN RIGHTS

Question 4 (continued)
IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:

-Based on HR Protection and is based on a cross cutting approach. Workplace Policy speaks specifically to the legal framework. -The prevention of disrimination act of 1997. _ The nation HIV policy that HIV persons should not discrimiated, no mandatory testing for employment, for promotion, demotion, access to training and health care. - No dicrimination irrective of sexual orientation , gender or disability.

152)

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

153)

6. Has the Government, through political and fi nancial 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

154)

Part B, Section I. HUMAN RIGHTS

Question 6 (continued)
IF YES, describe some examples:

-Involved in the National Strategic Plans - - Serve as members of key committees and working groups dealing with policy issues eg-the Country Coordining Mechanisms of the Global Fund, the National Prevention Reference Working Group. -

155)

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

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156)

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:

- Guyana Health care Services are free and are built into the Govermnet Central Budget -There is a robust network with CSo, FBOs , the private sector. - Funding from donor agencies. -Health Systems strenghtening to ensure sustainability

157)

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

158)

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)

159)

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

160)

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

Yes (0)

161)

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

162)

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)

163)

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

There is an IRB for all research including all human subjects and necessarily an IRB specifically for HIV research. Additionally civil society is present on the IRB but not specifically a person living with HIV as the requirement is the not the HIV status, but the technical capacity.

Page 97

164)

– Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work

Yes (0)

165)

– 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)

166)

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

No (0)

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167)

Part B, Section I. HUMAN RIGHTS

Question 12 (continued)
IF YES on any of the above questions, describe some examples:

Guyana Human Rights Association, Human Rights Commissions,

Page 99

168)

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)

169)

– Legal aid systems for HIV casework

Yes (0)

170)

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

No (0)

171)

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

Yes (0)

172)

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

Yes (0)

Page 100

173)

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: trainings, IEC material and interpersonal communication, edutainment and other	**Yes**

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174)

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)

175)

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

- Stigma and Discrimination research have been conducted, publicised and disseminated -

Increase funing for MARPS groups and groups of PLHIV -PLHIV membership and participation at key committees such as the Global Fund CCM - The development of the National Workplace HIV policy

176)

What are remaining challenges in this area:

-Enforcement of laws and policies non discrimination.(Capacity of law enforcement agencies inclusive of the juidiciary, police and other agencies) Documentation and monitoring of complaints. -Implement new laws.

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177)

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)

178)

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

-Establishment of A child Protection Agency with expansion to ensure wider geographic coverage (two regions) -Advocay tools for taking legal action- National Workplace policy - Amendments made to Domestic Act - Review of the age of consent

179)

What are remaining challenges in this area:

-Divisible human rights still existent. -Lack of Human capacity for enforcement of policies - Low levels of advocacy for policy enforcement - Low levels of public awareness of policies - Existence of Stigma and discrimination among health care workers

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180)

Part B, Section II: CIVIL SOCIETY* PARTICIPATION

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

3 (3)

181)

Comments and examples:

-Included at all levels from policy to implementation - representation at GF CCM, Tripartide committee at at other high levels committees such as the National Prevention Reference Group -

Collaboration with the Ministries of Government such as the Ministry of Education for the HFLE. - Advocacy

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182)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

2. To what extent have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?

3 (3)

183)

Comments and examples:

-CSOs are involved in planning but not directly with budgetting.

Page 105

184)

a. the national AIDS strategy?

4 (4)

185)

b. the national AIDS budget?

3 (3)

186)

c. national AIDS reports?

4 (4)

187)

Comments and examples:

-CSOs are involved in the development of key strategic documents. -There is good support for VCT, OVC, HBC , condom social marketting and other prevetion, care and support services. - There needs to compliance from CSOs in regarding the alignment to the NSP. - NGOs provide the link between the Government and members of communities in providing Prevention and other services. - MOH advocates for strenghtened CSO involvement - Majority of the funding at this point is through extermanl donors - There are subventions from Goverment. -CSO data is fed into National Report. -One National M&E system for CSO.

Page 106

188)

a. developing the national M&E plan?

3 (3)

189)

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

3 (3)

190)

c. M&E efforts at local level?

4 (4)

191)

Comments and examples:

-Involvement through the M&E reference group. - Involved in stakeholders meeting. - NGOs are invited to participate, however there is poor participation and needs to be improved. - For NGOs, donor reporting is given higher priority than that for Goverment - Significant amounts of training in M&E. -Definition of targets groups are different from donors to donors and from Government and therefore creates difficulties in reporting.

Page 107

192) **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)

193)

Comments and examples:

- National Faith Coalition on HIV and AIDS, The Guyana Business Coalition on HIV and AIDS - The Global Fund- CCM - Many other organisation working vulnerable populations such as the Society against sexual Orientation and Discriminations, Guyana Rainbow Association and others. - Persons at higher risk such as CSWs and PLHIVs are gainfully employed within the CSO community

Page 108

194)

a. adequate financial support to implement its HIV activities?

3 (3)

195)

b. adequate technical support to implement its HIV activities?

4 (4)

196)

Comments and examples:

-There is specialisation of Funding based on donors (This doesn not necessarily allows one to work within its area of expertise and area of needs for the communities) - Funding is competitive - Funding availability is dependent on the technical capacity to develop proposals -Recieve from all agencies -Need for more technical support for the smaller NGOs. -Recieve technical support not only in the HIV tecnnical areas but also in finance and management, administration

Page 109

197) **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	>75%
Prevention for most-at-risk-populations	
- Injecting drug users	<25%
- Men who have sex with men	>75%
- Sexworkers	>75%
Testing and Counselling	51-75%
Reduction of Stigma and Discrimination	51-75%
Clinical services (ART/OI)*	<25%
Home-based care	>75%
Programmes for OVC**	>75%

Page 110

198)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

Question 7 (continued)
Overall, how would you rate the efforts to increase civil society participation in 2009?

7 (7)

199)

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

-Increase networking among CSOs _ Increase collaboration with Government. - MOH recognition of the NGOs as critical partners -Launch of the Guyana Business Coalition on HIV and AIDS - Launch of the Guyana Faith Coalition On HIV and AIDS

200)

What are remaining challenges in this area:

-Not included in National Government -Sustainability of efforts -Still relatively low levels of collaboration with Government. -Low levels of coordination and still high levels of duplication of efforts. - High attrition of skilled persons. -No policy guiding the work of CSOs

Page 111

201)

Part B, Section III: PREVENTION

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

Yes (0)

Page 112

202)

Part B, Section III: PREVENTION

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

- Through the use of srtategic information such as special studies as the BBSS, AIS, Routine data among others. - Sharing of best practices

203)

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	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	N/A
Risk reduction for men who have sex with men	Agree
Risk reduction for sex workers	Agree
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	Don't agree
HIV prevention for out-of-school young people	Don't agree
HIV prevention in the workplace	Agree
Other: Prevention with Positives	Agree

Page 113

204)

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?

7 (7)

205)

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

-Decrease infection among antenatal populations - Increase condoms programming, including the availability of female condoms _ Increase in the VCT and PMTCT coverage - Increase availablilty of IEC - Training more accessible. -Improved Coordining responses between NGOs, Private Sector and Government - Greater involvement in research and the use of data -Reducing stigma and discrimination -The development of the prevention, principles, standards and guidelines - The is an imporvement in the quality of prevention services. - Policy development - Establishment of Umbrella Bodies such as the Faith Coalition - Prevention work is guided by the National Prevention Reference Group.

206)

What are remaining challenges in this area:

-Inabaility of CSOs to link HIV prevenetion to others areas directly affective HIV transmission (eg Substance use)- due to funding restrictions -S&D - Movement from knowledge to behaviour change - Difficulties in reaching some geographical area - relatively low developed STI programme. - Sustainability of programmes - Low levels of the faith community involvement. -Working with men - Private Sector involvement - Still relatively high Levels of duplication. -Poor collaboration between NGOs. - Human Rights Violation against Vulnerable Groups - Difficulties in reaching the vulnerable population

Page 114

207)

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

208)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

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

-Through surveys. -through the engagement of people living with HIV. -Through qualitative analysis - through estimates and modelling -through clinical data - strategic planning

209)

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

HIV treatment, care and support service	The majority of people in need have access
Antiretroviral therapy	Agree
Nutritional care	Agree
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	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	Agree
HIV care and support in the workplace (including alternative working arrangements)	Agree
Other: Laboratory services	

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210)

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)

211)

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

- Home Based care expanded to comprehensive - Increase in the number of treatment sites including more outside of capital city - Improved co management of TB/HIV - Government economic Assistance to PLHIV through voucher programme -Improved collaboration between Government and NGOs in this regard -Improved attitude in regards to disclosure - Increase in the number of men accessing services - The development of National HIV principles, standards and guidelines- Treatment is prevention -Continued resource mobilisation for treatment programme by the Minister of Health - Improved referral netweok for services - Improved adherence - Availability of

Paediatric ARVs -No stock out of ARVS - Availabilty of Mobile units to provide care for the hard to reach populations (geographic). -Nutritional support to PLHIV through a established Food Bank Mechanism

212)

What are remaining challenges in this area:

-Stigma and Discrimination, issues with disclosure. - Relatively difficult access because of geographic location and cost associated to reaching clinics - Lack of confidentiality- small communities - Low levels of capacity building for health care providers in teh outlying regions - Adherence - Lack of capacity for psychosocial support - Palliative car erelatively centralised. - Sustainability for ARV provision -Working in Prisons

Page 117

213)

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

214)

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)

215)

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

Yes (0)

216)

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

Yes (0)

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217)

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)

15%

218)

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

6 (6)

219)

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

- Safe place provided for OVS -Adherence to treatment -Implementation of policies, child protection act, child protection policy, Child care and protection agency bill -Increased survival for HIV children - Increase in the number of persons trained to deal with OVCs -Capacity building for caregivers such as grandparents - Psychosocial an dnutritional support - National standards for institutions of child care - National Agency for Child care and Protection -Availability of paediatric ARVs. - No stock out of ARVs -Establishment of Children's Legal Aide Clinic in two regions - OVC curriculum and manual for care coordinators, home visitors and child counsellors. - Increase private sector support

220)

What are remaining challenges in this area:

- Limited care givers - Limited nutritional enhancement, definition for standardisation of service - Still many OVCs are hard to reach -Discrimination towards OVC- affecting adherence -No area for placement of children in crisis (Need for a half way home) -Limited collaboration between stakeholders such as probation officers, social workers, family welfare officers and all other partners. -IEC not always targetting OVCs, but instead are more general. -Capacity, technical , financial and other issues affecting the point Ministry dealing with the issue of OVCS - Sustainability of services offered such as the economic support and other highlighted.