

Survey Response Details

Response Information

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User Information

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Response Details

Page 1

1) Country

Congo (0)

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

Dr Marie Francke PURUEHNCE

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+242 651 85 95

5) E-mail:

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6) Date of submission:

Please enter in DD/MM/YYYY format

30/03/2010

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

Collecte de données auprès du SEP/CNLS et partenaires Entretien avec des personnes ressources et personnes clés parmi les partenaires Séances de travail avec des partenaires pour capturer des données non ou mal renseignées au départ Validation du rapport en atelier

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

principe de fiabilité des données. Les données du SEP/CNLS sont prioritairement fiables. Pour les données provenant d'autres structures autres que le SEP/CNLS, des vérifications sont faites dans

les rapports et documents sources, ainsi que dans des publications ONUSIDA, UNFPA, OMS, UNICEF, etc.

9)

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

Les données présentées ici ont été conciliées. Les réponses rapportées ici représentent la majorité des opinions exprimées

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10)

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	SEP/CNLS	Dr Edmond MALALOU/Coordonnateur	A.I, A.II, A.III, A.IV, A.V

11)

Organization Names/Positions			Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 2	SEP/CNLS	Martin YABA/responsable réponse sectorielle	A.I, A.II, A.III
Respondent 3	SEP/CNLS	Dr William POATY/responsable réponse santé	A. I, A. III, A. IV, A. V
Respondent 4	SEP/CNLS	Lyne MIKANGOU/responsable communication sociale	A.I, A.III
Respondent 5	SEP/CNLS	Cyril KABA GOLE/Gestionnaire base de données-S&E	A. I, A. V
Respondent 6	SEP/CNLS	Arnaud BOUNGOU/Suivi financier	A.I, A.V
Respondent 7	SEP/CNLS	Gilbert BAYINA/Suivi financier	A. I, A. V
Respondent 8	PNLS	Dr Serge DZABATOU/Chef de programme	
Respondent 9	MEPSA	Charles Roger DIANKEMBO/	
Respondent 10	METPFQE	Sylvie BOULLOUD BANTHOUD	
Respondent 11	MDN	Benoît MONKIE/Suivi évaluation ULS défense nationale	
Respondent 12	SEP/CNLS	Dr Abdon GOUDJO/Expert technique international	A.I, A.II, A.III, A.IV
Respondent 13			
Respondent 14			
Respondent			

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Respondent
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Respondent
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Respondent
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Respondent
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Respondent
24
Respondent
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12)

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	FOSIC (réseau ONG)	Julien MAKAYA/Président	B.I, B.II, B.III, B.IV

13)

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 2	RENAPC	Steve MUKENDI/Secrétaire exécutif	B.I, B.II, B.III, B.IV
Respondent 3	COREC (confessions religieuses)	Bienvenu KOKOLO/Directeur exécutif	B.I, B.II, B.III
Respondent 4	COREC (confessions religieuses)	Pasteur NDZOUNDU	B.I, B.II
Respondent 5	MDA	Dr Davy LOUVOUEZO/Représentant Congo	B.I, B.II, B.III, B.IV
Respondent 6	CRF (CTA Brazzaville)	Dr Merlin DIAFOUKA	B.I, B.III, B.IV
Respondent 7	ACBEF	Abel MOUKOLO/Directeur des programmes	B.II, B.III, B.IV
Respondent 8	UAFPA	Mme MEDINE/Présidente	B.I, B.II, B.III
Respondent 9	AAISC (marketing préservatifs)	Maurice NDEFI/Directeur national	

Respondent 10	OMS Congo	Dr Norbert BIDOUNGA/ Conseiller VIH/Sida/Tuberculose	B.III, B.IV
Respondent 11	UNFPA	Dr Emmanuel EDZONGUI/Conseiller VIH/IST/jeunes	B.III, B.IV
Respondent 12	UNHCR	Dr Charles ZOUEKE/Services communautaires	B.I, B.II, B.III, B.IV
Respondent 13	PNUD	Nadège ZOULA/Conseiller VIH/Pauvreté	B.I, B.III
Respondent 14	ONUSIDA	Dr Louis PONZIO/UCC	B.I, B.II, B.III, B.IV
Respondent 15	UNICONGO	Marlon BATISA/Consultant VIH	
Respondent 16			
Respondent 17			
Respondent 18			
Respondent 19			
Respondent 20			
Respondent 21			
Respondent 22			
Respondent 23			
Respondent 24			
Respondent 25			

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14)

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

Question 1 (continued)

Period covered:

2009-2013

16)

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

7

17)

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

Page 8**18) Part A, Section I: STRATEGIC PLAN****Question 1.2 (continued)****If "Other" sectors are included, please specify:**

Justice et droits humains, Affaires sociales, Promotion de la femme

Page 9

19)

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

Target populations	
a. Women and girls	Yes
b. Young women/young men	Yes
c. Injecting drug users	Yes
d. Men who have sex with men	Yes
e. Sex workers	Yes
f. Orphans and other vulnerable children	Yes
g. Other specific vulnerable subpopulations*	
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

20)

1.4 Were target populations identified through a needs assessment?

Yes (0)

Page 10

21)

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

Please enter the year in yyyy format

2007

Page 11

22)

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

professionnelles de sexe Hommes ayant des rapports sexuels avec les hommes Hommes en uniformes Filles mères Populations autochtones (pygmées) Elèves Employés des entreprises du secteur privé

23)

1.6 Does the multisectoral strategy include an operational plan?

Yes (0)

24)

1.7 Does the multisectoral strategy or operational plan include:

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

25)

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

Active involvement (0)

Page 12

26)

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

Yes (0)

27)

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

Yes, all partners (0)

Page 14

28)

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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29)

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	Yes
Plan national de développement sanitaire (PNDS)	Yes

30)

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

HIV-related area included in development plan(s)

HIV prevention	Yes
Treatment for opportunistic infections	Yes
Antiretroviral treatment	Yes
Care and support (including social security or other schemes)	Yes
HIV impact alleviation	Yes
Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support	Yes
Reduction of income inequalities as they relate to HIV prevention/treatment, care and/or support	Yes
Reduction of stigma and discrimination	Yes
Women's economic empowerment (e.g. access to credit, access to land, training)	Yes
Other: Please specify	

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31)

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

32)

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

33)

Part A, Section I: STRATEGIC PLAN

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

Behavioural change communication	Yes
Condom provision	Yes
HIV testing and counselling	Yes
Sexually transmitted infection services	Yes
Antiretroviral treatment	Yes
Care and support	Yes
planification familiale	Yes

Page 19

34)

Part A, Section I: STRATEGIC PLAN**Question 4.1 (continued)**

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

Approche de l'offre de services soit à travers les activités de CCC, soit à l'initiative du soignant (prise en charge des IST, CPN). Actuellement, développement de la stratégie mobile. Le dépistage reste volontaire, anonyme et gratuit.

35)

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

No (0)

Page 21

36)

Part A, Section I: STRATEGIC PLAN

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

Yes (0)

Page 22

37)

Part A, Section I: STRATEGIC PLAN

6.1 IF YES, for which subpopulations?

- a. Women
- b. Young people
- c. Injecting drug users
- d. Men who have sex with men
- e. Sex Workers Yes
- f. Prison inmates Yes
- g. Migrants/mobile populations
- Other: Please specify

38)

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

PS : profession considérée comme illégale; rendant difficile l'accès à ces groupes Détenus : interdiction préservatifs, grande possibilité de contamination par les rasoirs qu'ils se partagent en cachette dans les prisons

39)

Briefly comment on how they pose barriers:

PS : profession considérée comme illégale; rendant difficile l'accès à ces groupes Détenus : interdiction préservatifs, grande possibilité de contamination par les rasoirs qu'ils se partagent en cachette dans les prisons

Page 23

40)

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

41)

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

Yes (0)

42)

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

No (0)

Page 25

43)

Part A, Section I: STRATEGIC PLAN**7.3 Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?**

Estimates of current needs only (0)

44)

7.4 Is HIV programme coverage being monitored?

Yes (0)

Page 26

45)

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

Yes (0)

46)

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

No (0)

Page 2847) **Part A, Section I: STRATEGIC PLAN****Question 7.4 (continued)****(c) Is coverage monitored by geographical area?**

Yes (0)

Page 29

48)

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

49)

Briefly explain how this information is used:

Compilation des données au niveau des agences de mise en oeuvre par les unités départementales
 Analyse des données à l'échelle départementale et rédaction de rapport Transmissions de rapport
 au niveau central Évaluation des progrès au niveau national

50)

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

51)

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)

52)

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

Elaboration du plan stratégique 2009 - 2013

53)

What are remaining challenges in this area:

Planification auprès des groupes spécifiques particulièrement exposés au VIH/sida

Page 31

54)

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

55)

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

56)

2.1 IF YES, when was it created?

Please enter the year in yyyy format

2003

57)

2.2 IF YES, who is the Chair?

Name Denis SASSOU-NGUESSO

Position/title Président de la République

58)

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?	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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59)

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

58

60)

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

10

61)

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

Please enter an integer greater than or equal to 1

2

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62)

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?

No (0)

Page 35

63)

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)

25

64)

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	No
Technical guidance	Yes
Procurement and distribution of drugs or other supplies	Yes
Coordination with other implementing partners	Yes
Capacity-building	Yes
plaidoyers, participation à des conférences internationales	Yes

65)

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

No (0)

Page 38

66)

Part A, Section II: POLITICAL SUPPORT**Question 6.1 (continued)**

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

6 (6)

67)

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

en 2009, planification opérationnelle dans les 11 départements

68)

What are remaining challenges in this area:

réaliser la décentralisation effective de la lutte (planification, ressources humaines, ressources financières, etc.)

Page 39

69)

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

70)

Part A, Section III: PREVENTION

1.1 IF YES, what key messages are explicitly promoted?

Check for key message explicitly promoted (multiple options allowed)

- 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)
- i. Use clean needles and syringes (0)
- j. Fight against violence against women (0)
- k. Greater acceptance and involvement of people living with HIV (0)
- n. Know your HIV status (0)
- o. Prevent mother-to-child transmission of HIV (0)

71)

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

Yes (0)

Page 41

72)

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)

73)

2.1 Is HIV education part of the curriculum in:

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

74)

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

No (0)

75)

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

Yes (0)

76)

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

Yes (0)

Page 42

77)

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

Page 43**78) 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".

populations autochtones (pygmées)

Page 44

79)

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)

80)

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

Mise à disposition de la population d'une ligné téléphonique d'information gratuite sur le VIH/sida et les IST Acquisition et mise en fonctionnement de l'unité mobile de dépistage Couverture des populations autochtones Élaboration d'une cartographie des PS

81)

What are remaining challenges in this area:

Efficacité de la stratégie PTME Efficacité de la prise en charge syndromique des IST Mobilisation des HSH et CDI

Page 45

82)

Part A, III. PREVENTION

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

Yes (0)

Page 46

83)

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

lors de l'évaluation du cadre stratégique passé (2003-2007). Cela a permis de connaître le niveau de couverture de la population et sous-populations par les informations, estimation des tailles des groupes spécifiques, établissement des cartographies, interviews des groupes et sondages

84)

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	Don't 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	Don't agree
Risk reduction for men who have sex with men	Don't agree
Risk reduction for sex workers	Don't agree
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	Don't agree
HIV prevention in the workplace	Don't agree
Other: please specify	

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85)

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

7 (7)

86)

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

CCC dans les écoles et en milieu extra scolaire Développement d'un programme média Prise en charge gratuite des IST par approche syndromique

87)

What are remaining challenges in this area:

Mise en place de programmes de prévention spécifiques aux groupes difficilement mobilisables améliorer le suivi et évaluation des programmes de prévention

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88)

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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89)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1.1 IF YES, does it address barriers for women?

Yes (0)

90)

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

Yes (0)

91)

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

Yes (0)

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92)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 2 (continued)

IF YES, how were these determined?

Les projections ont été faites à partir des données d'enquêtes (EDS, ESIS) et sur les statistiques de services

93)

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

The majority of people in need
have access

HIV treatment, care and support service

Antiretroviral therapy	Agree
Nutritional care	Don't agree
Paediatric AIDS treatment	Don't agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Agree
Home-based care	Don't 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	Don't agree
TB infection control in HIV treatment and care facilities	Don't agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Don't 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	

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94)

Part A, Section IV: TREATMENT, CARE AND SUPPORT**3. Does the country have a policy for developing/using generic drugs or parallel importing of drugs for HIV?**

No (0)

95)

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?

No (0)

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96)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

5 (5)

97)

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

Gratuité des ARV et du bilan biologique Formations du personnel chargé de la prise en charge
Dotation du laboratoire national en PCR Expérimentation d'un système de gestion des patients sur
3 sites (avec le logiciel ESOPE)

98)

What are remaining challenges in this area:

Amélioration du circuit d'approvisionnement en ARV en mettant également un accent sur
l'acquisition des formes pédiatriques des ARV Renforcement de la coordination de la prise en
charge en générale et de la prise en charge pédiatrique en particulier Amélioration du suivi des
patients par l'informatisation du système avec ESOPE

Page 54

99)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

Yes (0)

Page 55

100)

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)

101)

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

No (0)

102)

5.3 IF YES, does the country have an estimate of orphans and vulnerable children

being reached by existing interventions?

No (0)

Page 56

103)

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

7 (7)

104)

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

Soins de santé primaires Education Formations professionnelles pour les OEV déscolarisés
Appui aux AGR pour les familles

105)

What are remaining challenges in this area:

Elaboration d'une stratégie de dépistage chez les enfants Difficulté d'insertion professionnelle des OEV formés aux métiers Difficultés dans la conduite des AGR par les familles Amélioration de la coordination par le ministère des affaires sociales (gestion des données)

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106)

Part A, Section V: MONITORING AND EVALUATION

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

Yes (0)

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107)

1.1 IF YES, years covered:

Please enter the start year in yyyy format below

2006

108)

1.1 IF YES, years covered:

Please enter the end year in yyyy format below

2007

109)

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

- Yes (0)
- 110) **1.3 IF YES, was the M&E plan developed in consultation with civil society, including people living with HIV?**
- Yes (0)
- 111) **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

- 112) **Part A, Section V: MONITORING AND EVALUATION**
- 2. Does the national Monitoring and Evaluation plan include?**

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

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- 113) **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

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

Yes (0)

Page 62

115)

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".

5

116)

3.2 IF YES, has full funding been secured?

No (0)

117)

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

Yes (0)

Page 64

118)

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

No (0)

Page 65

119)

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

En fonction: Des indicateurs non renseignés dans les rapports nationaux et internationaux De l'insuffisance des cadres qualifiés en S&E

120)

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

Yes (0)

Page 66

121)

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

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

122) Number of permanent staff:

Please enter an integer greater than or equal to 0
 3

123) Number of temporary staff:

Please enter an integer greater than or equal to 0
 0

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124)

Part A, Section V: MONITORING AND EVALUATION

Question 5.2 (continued)

Please describe the details of all the permanent staff:

	Position	Full time/Part time?	Since when? (please enter the year in yyyy format)
Permanent staff 1	Responsable suivi et évaluation	Full time	2003
Permanent staff 2	Assistant en suivi et évaluation	Full time	2007
Permanent staff 3	Gestionnaire de bases de données	Full time	2007
Permanent staff 4			
Permanent staff 5			
Permanent staff 6			
Permanent staff 7			
Permanent staff 8			
Permanent staff 9			
Permanent staff 10			
Permanent staff 11			
Permanent staff 12			
Permanent staff 13			
Permanent staff 14			
Permanent staff			

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125)

Part A, Section V: MONITORING AND EVALUATION

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

Yes (0)

Page 69126) **Part A, Section V: MONITORING AND EVALUATION****Question 5.3 (continued)****IF YES, briefly describe the data-sharing mechanisms:**

Supervision départementale avec vérification des données à la source Supervision de niveau central Réunion de validation de données Elaboration et transmission de rapports

127)

What are the major challenges?

Retard dans la transmission des données Démission répétées des cadres chargés du Suivi et Evaluation Insuffisance des logiciels adéquats

Page 70

128)

Part A, Section V: MONITORING AND EVALUATION

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

Yes, but meets irregularly (0)

129)

6.1 Does it include representation from civil society?

No (0)

Page 71

130)

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

Yes (0)

Page 72

131)

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

Les données sont capturées au niveau des départements et des agences de mise en oeuvre à travers des fiches de collecte qui sont ensuite transcrites sur environnement CSPro. Transférées en excel et compliées au niveau national. Les analyses se font avec SPSS, et logé dans des ordinateurs de l'unité suivi et évaluation du SEP/CNLS. La base est gérée par un gestionnaire de base de données

132)

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

133)

7.3 Is there a functional* Health Information System?

At national level	No
At subnational level	No

Page 74

134)

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

Yes (0)

135)

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

4 (4)

136)

Provide a specific example:

CDV en stratégie fixe : moins de 65% de retrait des résultats en 2007. cette contre performance révélée par le S&E a motivé le développement d'une stratégie mobile en 2008-2009 où plus de 95% de personnes dépistées retirent leurs résultats

137)

What are the main challenges, if any?

Retards dans la transmission de données par certains partenaires Améliorer la structuration des outils de collecte pour optimiser les renseignements

Page 75138) **Part A, Section V: MONITORING AND EVALUATION****9.2 To what extent are M&E data used for resource allocation?**

3 (3)

Page 76

139)

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

4 (4)

140)

Provide a specific example:

absence de données sur les professionnelles de sexe constatée dans les rapports a motivé la mise en place en 2010 de projets spécifiques pour les PS

141)

What are the main challenges, if any?

Réalisation d'enquêtes auprès des groupes spécifiques comme les PS

Page 77142) **Part A, Section V: MONITORING AND EVALUATION****10. Is there a plan for increasing human capacity in M&E at national, subnational and service-delivery levels?:**

Yes, but only addressing some levels (0)

Page 78143) **Part A, Section V: MONITORING AND EVALUATION****For Question 10, you have checked "Yes, but only addressing some levels", please specify**

at subnational level (0)

144)

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

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

Page 79

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

Please enter an integer greater than 0

11

Page 80

146)

Part A, Section V: MONITORING AND EVALUATION

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

No (0)

Page 82

147) **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)

148)

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

Formations des chargés de suivi et évaluation dans les provinces (départements) Publication régulière de rapports nationaux semestriels et annuels de Suivi et valuation VIH/sida Réalisation d'études opérationnelles sur des thématiques précises

149)

What are remaining challenges in this area:

Recrutement des cadres de haut niveau en Suivi et évaluation Élaboration du nouveau plan S&E conforme au nouveau cadre stratégique Révision des outils de collecte de données Extension de la gestion informatisée des patients suivis aux autres centres de prise en charge

Page 83

150)

Part B, Section I: HUMAN RIGHTS

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

No (0)

Page 84

151)

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

152)

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

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

153)

Briefly describe the content of these laws:

Loi Portela sur la protection des mineurs qui prévoit des sanction envers toutes personnes adultes surprises avec une mineure. cette loi limite les horaires de sortie des mineurs après 18 heures Loi sur les peuples autochtones prévoit un large accès aux services de santé pour les populations autochtones ou pygmées

154)

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

Ces lois n'ont malheureusement pas connues un niveau d'application optimale La loi sur les populations autochtones est récente (2009).

Page 86

155)

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

156)

Part B, Section I. HUMAN RIGHTS

3.1 IF YES, for which subpopulations?

- a. Women
- b. Young people
- c. Injecting drug users
- d. Men who have sex with men
- e. SexWorkers Yes
- f. prison inmates Yes
- g. Migrants/mobile populations
- Other: Please specify

157)

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

Professionnelle de sexe considérée comme illégale Détenus : pas d'accès aux préservatifs

158)

Briefly comment on how they pose barriers:

pour les PS : difficulté dans la mobilisation et l'accès aux informations pour les détenus : prise de risque maximale, rapports sexuels non protégés entre détenus ou avec le personnel de l'administration pénitentiaire

Page 88

159)

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

160)

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

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

La constitution de 2002 mentionne que tous sont égaux en droit La cadre stratégique national contre le VIH/sida et les IST 2009-2013 consacre un axe à la promotion des droits humains et la protection des PVVIH Le manuel des procédures des initiatives communautaires considère que l'accès à l'information et aux services VIH est un droit accordé à tous les congolais et autres personnes vivant en terre congolaise

161)

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

162)

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

163)

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

IF YES, describe some examples:

Les PVVIH ont participé à l'élaboration du cadre stratégique national de lutte contre le VIH et le sida Les pygmées (populations autochtones) à travers leur réseau (RENAPAC) ont participé à la mise en place des outils d'éducation (planches imagées)

164)

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

165)

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:

Les dispositions relatives à la gratuité aux soins et autres services VIH sont décrétées par le Président de la République, président du CNLS Le seul obstacle demeure l'acheminement à temps des médicaments dans les centres éloignés de la capitale

166)

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

167)

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)

168)

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

169)

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

Yes (0)

170)

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

171)

Part B, Section I. HUMAN RIGHTS

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

No (0)

Page 97

172)

– 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)

173)

– 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)

174)

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

No (0)

Page 99

175)

Part B, Section I. HUMAN RIGHTS

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

Yes (0)

176)

– Legal aid systems for HIV casework

No (0)

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

Yes (0)

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

No (0)

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

Yes (0)

Page 100

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

Question 15 (continued)
IF YES, what types of programmes?

Media	Yes
School education	Yes
Personalities regularly speaking out	Yes
Other: please specify	

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181) **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)

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

Finalisation de l'avant projet de Loi en matière de VIH/sida Sensibilisation des parlementaires et des journalistes sur l'avant projet de Loi en matière de VIH/sida

183)

What are remaining challenges in this area:

Adoption par le parlement de la loi Promulgation de la loi par le Chef de l'Etat Mise en place d'un programme de vulgarisation et de suivi de l'application de la loi

Page 102

184)

Part B, Section I. HUMAN RIGHTS**Question 15 (continued)**

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

6 (6)

185)

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

Mise en place d'un partenariat entre le secteur public et associatif pour appuyer le processus

186)

What are remaining challenges in this area:

Faire adopter la loi, et en assurer le suivi de l'application

Page 103

187)

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)

188)

Comments and examples:

Organisation des marches médiatisées de soutien ou de revendication Délivrance de messages et témoignages devant les hommes politiques Elaboration de documents audio visuels de plaidoyers

Page 104

189)

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)

190)

Comments and examples:

Participation aux réunions sur l'ensemble du processus Formulation des propositions/révisions d'activités

Page 105

191)

a. the national AIDS strategy?

3 (3)

192)

b. the national AIDS budget?

1 (1)

193)

c. national AIDS reports?

2 (2)

194)

Comments and examples:

Contribution considérable dans l'accompagnement des personnes nouvellement dépistées au VIH
Les financements d'activités sont encore faible, mais le Réseau des PVVIH bénéficie d'appui important pour son fonctionnement

Page 106

195)

a. developing the national M&E plan?

2 (2)

196)

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

1 (1)

197)

c. M&E efforts at local level?

2 (2)

198)

Comments and examples:

La culture en S&E est encore peu développée au sein des organisations de la société civile
Implication très timide dans les activités de suivi et évaluation au niveau national

Page 107**199) 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)

Page 108

200)

a. adequate financial support to implement its HIV activities?

3 (3)

201)

b. adequate technical support to implement its HIV activities?

3 (3)

202)

Comments and examples:

Les principaux financements sont mobilisés par le SEP/CNLS Apports non négligeables des partenaires bilatéraux et onusiens

Page 109**203) Part B, Section II. CIVIL SOCIETY PARTICIPATION**

7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?

Prevention for youth	25-50%
Prevention for most-at-risk-populations	
- Injecting drug users	
- Men who have sex with men	>75%
- Sex workers	>75%
Testing and Counselling	<25%

Reduction of Stigma and Discrimination	>75%
Clinical services (ART/OI)*	<25%
Home-based care	51-75%
Programmes for OVC**	>75%

Page 110

204)

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

8 (8)

205)

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

Appui à la mise en place des réseaux (PVVIH, confessions religieuses, autres associations contre le VIH et le Sida, Associations des médiateurs traditionnels, etc.) Financement de la participation des membres de la société civile à des conférences et autres rencontres internationales Appui à la participation aux activités de renforcement des capacités

206)

What are remaining challenges in this area:

Contribuer à l'automatisation des organisations de la société civile en les rendant moins dépendants des structures étatiques

Page 111

207)

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

Yes (0)

Page 112

208)

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

Pendant le processus d'évaluation du cadre stratégique 2003-2007 Entretiens avec les groupes concernés par la prévention Elaboration de cartographie

209)

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	Don't 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	Don't agree
Risk reduction for men who have sex with men	Don't agree
Risk reduction for sex workers	Don't agree
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	Don't agree
HIV prevention in the workplace	Don't agree
Other: please specify	

Page 113

210)

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)

211)

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

Mobilisation des médiateurs traditionnels, intervention lors des mariages coutumiers Mobilisation des PS Acquisition et mise en fonctionnement de l'unité mobile de dépistage Nouvelles approches de prévention avec les populations autochtones (pygmées)

212)

What are remaining challenges in this area:

Réussir la mobilisation des groupes spécifiques (PS, HSH)

Page 114

213)

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

214)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

Question 1 (continued)

IF YES, how were these specific needs determined?

Projections faites à partir des données d'enquêtes (EDS, ESIS) et sur les statistiques des services

215)

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	Don't agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Agree
Home-based care	Don't 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	Don't agree
TB infection control in HIV treatment and care facilities	Agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Don't 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	

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216)

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?

5 (5)

217)

What are remaining challenges in this area:

Amélioration du circuit d'approvisionnement en médicament en mettant l'accent sur les formes pédiatriques Amélioration de la gestion des données sur la prise en charge Renforcement de la prise en charge de la co infection TB-VIH

Page 117

218)

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

219)

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)

220)

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

No (0)

221)

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

Yes (0)

Page 119

222)

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

7 (7)

223)

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

Accès des OEV aux services d'Education Santé Formation professionnelle pour les déscolarisés
AGR pour les familles

224)

What are remaining challenges in this area:

Mise en place d'une stratégie de dépistage pour les enfants Difficulté dans l'insertion
professionnelle des OEV formés Difficultés dans la gestion des AGR par les familles