# Survey Response Details

## Response Information

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## Response Details

### Page 1

**1) Country**

Sri Lanka (0)

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

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**7) Date of submission:**

Please enter in DD/MM/YYYY format

04/03/2010

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

In steering the UNGASS progress reporting for the period January 2008 to December 2009, a working group was formed consisting of representatives from the National STD/AIDS Control programme (NSACP) of Sri Lanka, The Joint United Nations Programme on HIV/AIDS (UNAIDS),

and the Civil Society (CSO). To coordinate the reporting process within the members of the working group and the external stakeholders, a technical consultant was recruited by UNAIDS. Working group resolved to meet frequently till the cessation of the whole UNGASS process. In ensuring the active chipping in and their contribution towards this collaborated effort, the constituents resolved that the participation for the consultative meetings as mandatory. Members were required to declare their absence in case unable to report for the upcoming scheduled meeting and to assign an alternative emissary to attend the same. A unanimous decision was arrived by the members to exclude their fellow colleagues from the working group who are continuously not in attendance for three consecutive meeting sessions. Diverse sections of the UNGASS report layout was discussed in-depth at the consultative meetings. Various segments of the report were subdivided among the working group members with a view of delivering the ultimate report on a timely basis thus maintaining the quality of the product. Accountability for delivering the “Narrative section”, NCPI part A, NCPI part B, and the National Program Indicators were sub-divided among the members with strict deadlines in delivering the same. In gathering data for the NCPI part A which required the involvement of the government stakeholders, an exhaustive list of government organizations and their heads were presented by the NSACP to the working group for their perusal. Working group members representing the Civil Society, the UN and other Bi-laterals also proposed a detailed list of CSO’s, UN and other Bi-Lateral organizations in facilitating the construction of the NCPI part B. Two briefing sessions were called upon the external stakeholders. One focused on the government organizations and the other on the CSO’, UN and the Bi-Lateral organizations. The UNGASS process, its declaration of commitment, the questionnaires part A & B and the funding matrix were elucidated to the participants at the briefing sessions. Participants were given ample time to clarify their problems and their role towards this end. Hard copies of the NCPI A & B were circulated and in addition, a CD was made available to each individual. This constituted the soft version of the questionnaires and the report on “Guidelines on the construction of core indicators”. They were given the flexibility in responding to the questionnaire in English as well as in Sinhalese; the local language. In facilitating the above, the questionnaires were translated to the local language. They were given the elasticity of contacting the technical coordinator over the phone and email as well as to call upon the technical coordinator to be physically present to guide them at the time of responding to the questionnaires. A final date for the submission of the completed questionnaires was convened to the participants and the responses received in a timely manner. The responses were compiled into a final NCPI A & B by the responsible groups formed within the working group members. In this exercise, a mass of materials including; research studies, paper articles, survey reports were consulted in arriving at the final NCPI’s. With the receipt of the required information for the ‘Narrative section’, and the ‘National Program Indicators’, a draft report was prepared for the comments of the working group. This was revised and polished on the basis on the comments received. Prior to the adoption of the final report, this draft was made available for the perusal and the comments of the government organizations, CSO’s, UN and Bi-Laterals that made available their inputs previously. With their comments taken into account and revisions made thereof, the final report for UNGASS reporting was drafted to be adopted as the national report on the state and the progress of HIV/AIDS in Sri Lanka by the Secretary of the NSACP.

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

NA

**10)**

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

NA

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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 | Sri Lanka Army | Major Gen S.H. Munasinghe | 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 Plantations and Industries | Ms Ratna Edirisinghe (Secretary, Ministry) | A.I, A.II, A.III, A.IV, A.V |
| Respondent 3 | Ministry of Education | Ms Renuka Peiris (Secretary, Ministry) | A.I, A.II, A.III, A.IV, A.V |
| Respondent 4 | Ministry of foreign employment promotion and welfare | Mr Sujan Nanayakkara(Secretary, Ministry) | A.I, A.II, A.III, A.IV, A.V |
| Respondent 5 | Director planning | J.M Thilakaratne Banda(Secretary, Ministry) | A.I, A.II, A.III, A.IV, A.V |
| Respondent 6 | Department of Census and Statistics | K.G Thilakaratne(Secretary, Ministry) | A.I, A.II, A.III, A.IV, A.V |
| Respondent 7 | National Dangerous Drug Control Board | Mr D.P Mendis (Chairman) | A.I, A.II, A.III, A.IV, A.V |
| Respondent 8 | Police department | Anura Senanayake (DIG-Crimes) | A.I, A.II, A.III, A.IV, A.V |
| Respondent 9 | Ministry of labour | Mr Mahinda Madihahewa (Secretary, Ministry) | A.I, A.II, A.III, A.IV, A.V |
| Respondent 10 | Ministry of Justice | Ms Dilhara Amerasinghe(Additional Secretary, Ministry) | A.I, A.II, A.III, A.IV, A.V |
| Respondent 11 | Prisons department | Commissioner General | A.I, A.II, A.III, A.IV, A.V |
| Respondent 12 | Ministry of child development and women empowerment | A.Dissanayake (Secretary, Ministry) | A.I, A.II, A.III, A.IV, A.V |
| Respondent 13 | National STD/AIDS Control Program | Dr S. Samarakoon(Venereologist) | A.I, A.II, A.III, A.IV, A.V |
| Respondent 14 | National STD/AIDS Control Program | Dr Rukshan de Silva (Venereologist) | A.I, A.II, A.III, A.IV, A.V |
| Respondent 15 | National STD/AIDS Control Program | Dr K.A.M Ariyaratne (Venereologist) | A.I, A.II, A.III, A.IV, A.V |
| Respondent 16 | National STD/AIDS Control Program | Dr K. Chandrakumara (Venereologist) | A.I, A.II, A.III, A.IV, A.V |
| Respondent 17 | National STD/AIDS Control Program | Dr Amzi Thaibdeen(Venereologist) | A.I, A.II, A.III, A.IV, A.V |
| Respondent 18 | National STD/AIDS Control Program | Dr N. Punchihewa(Venereologist) | A.I, A.II, A.III, A.IV, A.V |
| Respondent 19 | National STD/AIDS Control Program | Dr S.K Weerasinghe (Venereologist) | A.I, A.II, A.III, A.IV, A.V |
| Respondent 20 | National STD/AIDS Control Program | Dr S. Beneragama (Venereologist) | A.I, A.II, A.III, A.IV, A.V |
| Respondent | National STD/AIDS Control | Dr Nimal Edirisinghe | |

| | | | |
|---|---|---|---|
| Respondent 21 | National STD/AIDS Control Program | Dr Nimal Edirisinghe (Venereologist) | A.I, A.II, A.III, A.IV, A.V |
| Respondent 22 | TB Control programme | Director | A.I, A.II, A.III, A.IV, A.V |
| Respondent 23 | National Blood Transfusion Services | Director | A.I, A.II, A.III, A.IV, A.V |
| Respondent 24 | Family Health Bureau | Director | A.I, A.II, A.III, A.IV, A.V |
| Respondent 25 | Medical officer in-charge | Dr Mahinda Perera | A.I, A.II, A.III, A.IV, A.V |

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

26. Dr K A S Jayawardhana, MOIC, STD clinic 27. Dr S Gunesekara/MOIC, National STD/AIDS Control programme 28. Dr W M S K Wanninayake (HIV clinic), National STD/AIDS Control Programme 29. Dr. S. Mananwatta, Microbiologist, National STD/AIDS Control programme 30. Dr. K. Buddhakorala venereologist,National STD/AIDS Control programme 31. Dr. C. D. Wickramasooriya venereologist,National STD/AIDS Control programme 32. Dr Janakie Vidhanapathirana, CCP,National STD/AIDS Control programme 33. Dr Ananada Wijewickrema, IDH hospital, consultant physician National STD/AIDS Control programme 34. Dr G. Weerasinghe venereologist,National STD/AIDS Control programme 35. Dr R M P L I Rajapakse venereologist,National STD/AIDS Control programme

**14)**

## 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 | UVA farmers development foundation | R.M.P Bodhinayake | B.I, B.II, B.III, B.IV |

**15)**

| | Organization | Names/Positions | Respondents to Part B [Indicate which parts each respondent was queried on] |
|---|---|---|---|
| Respondent 2 | Sabaragamuwa Peoples Foundation | S.V.Wathsala Wisaka | B.I, B.II, B.III, B.IV |
| Respondent 3 | UNODC | Tania fernando | B.I, B.II, B.III, B.IV |
| Respondent 4 | Population service lanka | Dr. T.Arulananthan | B.I, B.II, B.III, B.IV |
| Respondent 5 | Alliance Lanka | Dilhani Seneviratne | B.I, B.II, B.III, B.IV |
| Respondent 6 | CSDF-Community Strength Development Foundation | Kanthi Abeykoon | B.I, B.II, B.III, B.IV |
| Respondent 7 | Saviya Development Foundation | Thushara Senanayake | B.I, B.II, B.III, B.IV |
| Respondent 8 | Nest | Niroshan Katugampla | B.I, B.II, B.III, B.IV |
| Respondent 9 | UNICEF | Dr Deepika Attygalle | B.I, B.II, B.III, B.IV |

| | | | |
|---|---|---|---|
| Respondent 10 | Power House | J. Fernando | B.I, B.II, B.III, B.IV |
| Respondent 11 | Lanka + | Sherin Rodrigo | B.I, B.II, B.III, B.IV |
| Respondent 12 | Save Lanka Kids | Pratiba Perera | B.I, B.II, B.III, B.IV |
| Respondent 13 | Community Development Services (CDS) | Andrew Samuel | B.I, B.II, B.III, B.IV |
| Respondent 14 | Employers federation of Ceylon | Ayomi Fernando | B.I, B.II, B.III, B.IV |
| Respondent 15 | Equal ground | Nigel de silva | B.I, B.II, B.III, B.IV |
| Respondent 16 | Companions On A Journey | Sherman Derose | B.I, B.II, B.III, B.IV |
| Respondent 17 | Mithuru Mithuro Sansadaya | Kapila Kumara de Silva | B.I, B.II, B.III, B.IV |
| Respondent 18 | ACTFORM | Violet perera | B.I, B.II, B.III, B.IV |
| Respondent 19 | International Labour Office | Dr Indira Hettiarachichi | B.I, B.II, B.III, B.IV |
| Respondent 20 | UNAIDS | Dr David Bridger (Country Co-ordinator) | B.I, B.II, B.III, B.IV |
| Respondent 21 | UNAIDS | Dr Dayanath Ranatunga (Social Mobilisation officer) | B.I, B.II, B.III, B.IV |
| Respondent 22 | UNAIDS | Sajith de Mel (Technical officer-UNGASS) | B.I, B.II, B.III, B.IV |
| Respondent 23 | UNFPA | Ms Revathi Chawla | B.I, B.II, B.III, B.IV |
| Respondent 24 | Alcohol & Drug Information Centre (ADIC) | Mr. Pubudu Sumanasekara | B.I, B.II, B.III, B.IV |
| Respondent 25 | Women's Support Group | Ms. Upeksha Thabrew | B.I, B.II, B.III, B.IV |

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

NA

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**17)**

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

**1. Has the country developed a national multisectoral strategy to respond to HIV?**

**(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as the ones listed under 1.2)**

**Yes (0)**

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

**Question 1 (continued)**
**Period covered:**

2007-2011

19)

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

**Number of Years**

14

20)

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

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

**Page 8**

21)

**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?**

World Bank Grant (2003-2008 only) GFATM round 6 (Education and Plantation sectors) ADB funds to education sector UN agencies (WHO, UNAIDS, UNFPA)

**Page 9**

22)

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

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

| Target populations | |
|---|---|
| a. Women and girls | Yes |
| b. Young women/young men | Yes |
| c. Injecting drug users | Yes |
| d. Men who have sex with men | Yes |

| | |
|---|---|
| e. Sex workers | Yes |
| f. Orphans and other vulnerable children | Yes |
| g. Other specific vulnerable subpopulations* | Yes |
| **Settings** | |
| h. Workplace | Yes |
| i. Schools | Yes |
| j. Prisons | Yes |
| **Cross-cutting issues** | |
| k.HIV and poverty | Yes |
| l. Human rights protection | Yes |
| m. Involvement of people living with HIV | Yes |
| n. Addressing stigma and discrimination | Yes |
| o. Gender empowerment and/or gender equality | Yes |

**23)**

### 1.4 Were target populations identified through a needs assessment?

Yes (0)

**Page 10**

**24)**

### Part A, Section I: STRATEGIC PLAN

### Question 1.4 (continued)
### IF YES, when was this needs assessment conducted?

Please enter the year in yyyy format

2006

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**25)**

### Part A, Section I: STRATEGIC PLAN

### 1.5 What are the identified target populations for HIV programmes in the country?

Commercial sex workers, clients of sex workers, MSM including beach boys, youth, drug users (including injecting), prisoners, migrant workers.

**26)**

### 1.6 Does the multisectoral strategy include an operational plan?

Yes (0)

**27)**

### 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 |

**28)**

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

Active involvement (0)

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**29)**

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

**Question 1.8 (continued)**
**IF active involvement, briefly explain how this was organised:**

There were series of workshops with the involvement of civil society organizations during the development of national strategic plan in 2006. They were PLHIV organizations, young people, human right organizations, workers organizations, and organizations of key affected groups such as MSM, sex workers, drug users.

**30)**

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

Yes (0)

**31)**

**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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**32)**

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

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

Yes (0)

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**33)**

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

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

| | |
|---|---|
| a. National Development Plan | Yes |
| b. Common Country Assessment / UN Development Assistance Framework | Yes |
| c. Poverty Reduction Strategy | Yes |
| d. Sector-wide approach | Yes |
| (government manifesto) | Yes |

**34)**

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

| **HIV-related area included in development plan(s)** | |
|---|---|
| HIV prevention | Yes |
| Treatment for opportunistic infections | Yes |
| Antiretroviral treatment | Yes |
| Care and support (including social security or other schemes) | Yes |
| HIV impact alleviation | Yes |
| Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support | Yes |
| Reduction of income inequalities as they relate to HIV prevention/treatment, care and/or support | Yes |
| Reduction of stigma and discrimination | Yes |
| Women's economic empowerment (e.g. access to credit, access toland, training) | Yes |
| Other: Please specify | No |

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**35)**

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

**3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?**

No (0)

**Page 17**

**36)**

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

Yes (0)

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**37)**

**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 signifi cant proportion of the uniformed services?**

| | |
|---|---|
| Behavioural change communication | Yes |
| Condom provision | Yes |
| HIV testing and counselling | Yes |
| Sexually transmitted infection services | Yes |
| Antiretroviral treatment | Yes |
| Care and support | Yes |
| Other: Capacity building | Yes |

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**38)**

**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):**

a) Voluntary counseling and testing for members and family of Army personnel b) Mandatory testing at the recruitment c) Mandatory testing for UN peace keeping members d) Mandatory for Army members going for overseas courses

**39)**

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

Yes (0)

**Page 20**

**40)**

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

**5.1 *IF YES*, for which subpopulations?**

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

**41)**

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

Existence of a child protection authority with law enforcement powers. Help Centers for women- in-need for reproductive issues, sexual and physical violence. Legal acts against domestic violence and sexual abuse of women.

**42)**

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

Laws for protection of women and young people are effectively implemented.

**Page 21**

**43)**

**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**

**44)**

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

**6.1 *IF YES*, for which subpopulations?**

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

**45)**

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

Drug users- Selling, possessing and using hard drugs are illegal. MSM- Sections 365 and 365A of the penal code criminalize sexual acts between two consenting adults of same sex. Sex worker- According to the vagrant ordinance soliciting for sex is illegal.

**46)**

**Briefly comment on how they pose barriers:**

Reaching target populations for preventive activities is difficult due to above laws as they are hidden. Prison inmates – homosexuality is illegal therefore condom promotion is not allowed in prisons. However, there is no discrimination for accessibility and availability of HIV treatment and care services for these high risk groups

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**47)**

**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**

**48)**

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

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

Yes (0)

**49)**

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

Yes (0)

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**50)**

**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)

**51)**

**7.4 Is HIV programme coverage being monitored?**

Yes (0)

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**52)**

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

**Question 7.4 (continued)**

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

Yes (0)

**53)**

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

Yes (0)

**Page 27**

**54)**

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

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

Sex workers MSM Drug users Prisoners Migrant workers, ANC, Youth

**55)**

**Briefly explain how this information is used:**

This information is used for planning of preventive programmes. E.g. an advocacy programme for police officers was commenced to reduce obstacles for condom promotion and to reduce harassment of sex workers. To decide on priority areas for action when developing the proposal for global fund Round 9 grant

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

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

Yes (0)

**Page 29**

**57)**

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

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

**Provincial and district levels**

**58)**

**Briefly explain how this information is used:**

To plan provincial preventive programmes, advocacy for district and provincial AIDs committees, allocate resources, capacity building of staff

59)

**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**

60)

**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)**

61)

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

Training of healthcare workers Improvement of clinic space in the main ART center in Colombo An ART monitoring system is being updated based on WHO ART monitoring system.

62)

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

Establishment of ART centers in other provincial hospitals Establishment of diagnostic tests for monitoring clinical status including opportunistic infections in ART centers

**Page 31**

63)

**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 |

64)

**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**

**65)**

### 2.1 IF YES, when was it created?

Please enter the year in yyyy format

1988

**66)**

### 2.2 IF YES, who is the Chair?

| | |
|---|---|
| Name | Dr Nihal Jayathilake |
| Position/title | Acting Secretary of Health |

**67)**

### 2.3 IF YES, does the national multisectoral AIDS coordination body:

| | |
|---|---|
| have terms of reference? | Yes |
| have active government leadership and participation? | Yes |
| have a defined membership? | Yes |
| include civil society representatives? | Yes |
| include people living with HIV? | Yes |
| include the private sector? | Yes |
| have an action plan? | No |
| have a functional Secretariat? | Yes |
| meet at least quarterly? | No |
| review actions on policy decisions regularly? | Yes |
| actively promote policy decisions? | Yes |
| provide opportunity for civil society to influence decision-making? | Yes |
| strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting? | Yes |

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**68)**

### 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

35

**69)**

### 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

**70)**

**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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**71)**

**Part A, Section II: POLITICAL SUPPORT**

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

**Yes (0)**

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**72)**

**Part A, Section II: POLITICAL SUPPORT**

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

Approve the national strategic plan, Identify key policy measures to target MARP and to deliver ART. Appoint subcommittees for prevention , care support and treatment( laboratory, counselling and testing), policy law and ethics, communication and advocacy, multisectoral response (including civil society and other sectors, strategic information (research , surveillance and M&E)

**73)**

**Briefly describe the main challenges:**

A major Challenge is to continue participation of all stakeholders, overcoming the complacency while targeting high risk populations due to prevailing Low prevalence.

**74)**

**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)

0

**75)**

**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: (engaging in National AIDS events) | Yes |

**76)**

**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**

**77)**

**Part A, Section II: POLITICAL SUPPORT**

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

8 (8)

**78)**

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

-Ministers of education, Minister of plantation sector, Governor and Chief minister of Sabaragamuwa province have given their full commitment for the implementation of the STI/HIV/AIDS prevention programmes in schools through life skills from Grade 10-13 under the GFATM round 6 in the Sabaragamuwa province since 2008. This was achieved through the advocacy role played by the minister of health and his high ranking officers. - The Minister of education has agreed to revise the school curriculum in relation to HIV/AIDS with the next curriculum change in 2012. Currently, the STI/HIV/AIDS school education programme through life skills development is taking place through the health and physical science stream in all the state sector schools from Grade 6-11. Since these are not compulsory subjects (optional), around 60% of school children will not benefit from this approach. In 2012 the STI/HIV/AIDS education through life skills development will be addressed through the subject of science as it is a compulsory subject from Grade 6-11. This was achieved during the negotiations made by the Minister of Healthcare & Nutrition and officials. - Minster of labour has given leadership to prepare a tripartite declaration on HIV/AIDS in the world of work with the aim of trade unions to provide advocacy, create awareness and to launch campaigns offering solidarity and provide care and support to affected families and build partnership with local and international institutions as part of the national response. - Minister of foreign employment and promotion has agreed to continue pre-departure HIV AIDS knowledge and skills development programme through its 34 training institutes. - Influence of the minister of finance has expedited the procurement of antiretroviral drugs.

**79)**

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

To convince other political leaders of the importance of addressing issues on HIV/AIDS. -To make available enough resources for curriculum development and capacity building in terms of teacher

training, development of training modules and relevant IEC material to reach out as a national programme which covers all schools. -To advocate returning migrant workers to undergo voluntary HIV testing (significant number of reported HIV cases has a history of working in Middle Eastern countries) -Secure funds to continue to provide ART with prolonged survival of patients and increased detection of new patients as the policy is to provide ART to all eligible persons with HIV , and for prevention of MTCT and for PEP

**Page 39**

**80)**

**Part A, Section III: PREVENTION**

**1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the *general population*?**

Yes (0)

**Page 40**

**81)**

**Part A, Section III: PREVENTION**

**1.1 IF YES, what key messages are explicitly promoted?**

Check for key message explicitly promoted (multiple options allowed)

a. Be sexually abstinent (0)
b. Delay sexual debut (0)
c. Be faithful (0)
d. Reduce the number of sexual partners (0)
e. Use condoms consistently (0)
f. Engage in safe(r) sex (0)
g. Avoid commercial sex (0)
h. Abstain from injecting drugs (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)

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

NA

**83)**

**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**

**84)**

**Part A, Section III: PREVENTION**

**2. Does the country have a policy or strategy promoting HIV-related reproductive and sexual health education for young people?**

Yes (0)

**85)**

**2.1 Is HIV education part of the curriculum in:**

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

**86)**

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

Yes (0)

**87)**

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

Yes (0)

**88)**

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

Yes (0)

**Page 42**

**89)**

**3.1 IF YES, which populations and what elements of HIV prevention do the**

**policy/strategy address?**

Check which specific populations and elements are included in the policy/strategy

| | |
|---|---|
| Targeted information on risk reduction and HIV education | Injecting drug user, Men having sex with men, Sex workers, Clients of sex workers, Prison inmates, Other populations |
| Stigma and discrimination reduction | Injecting drug user, Men having sex with men, Sex workers, Clients of sex workers, Prison inmates, Other populations |
| Condom promotion | Injecting drug user, 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 | Injecting drug user, Men having sex with men, Sex workers, Clients of sex workers, Prison inmates, Other populations |
| Vulnerability reduction (e.g. income generation) | |
| Drug substitution therapy | |
| Needle & syringe exchange | |

**Page 43**

**90)** **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".**

Beach boys, External migrant workers

**Page 44**

**91)**

**Part A, III. PREVENTION**

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

**9 (9)**

**92)**

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

Increase coverage of preventive activities Promoting HIV testing and accessing treatment and support.

**93)**

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

To develop a policy or strategy for IDU. However, currently estimated IDU population size is small.

**Page 45**

**94)**

## Part A, III. PREVENTION

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

Yes (0)

**Page 46**

**95)**

## Part A, III. PREVENTION

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

External review of national HIV response in 2006 Series of consultations with all stakeholders prior to the development of national strategic plan. Epidemiological data Programme data Special surveys

**96)**

### 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 | 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 | N/A |

**Page 47**

97)

**Part A, III. PREVENTION**

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

**8 (8)**

98)

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

- 100% screening of donated blood for HIV in a quality assured manner. - Opt-out HIV testing commenced for all Antenatal mothers in one of premier maternity hospitals in the capital city. - Expansion of drug rehabilitation centers by National Dangerous Drug Control Board. - HIV prevention programmes were started among drug users via civil society involvement under the UNODC project. - Condoms were distributed free of charge to MARPS. - Voluntary counselling and referral centers were established in the plantation sector under GFATM round 6. - National consultation on MSM needs held in 2009. - HIV prevention programme in schools in Sabaragamua province commenced under GFATM round 6. -Production of -IEC material , leaflets, videos, documentaries for target populations and general population on safe sex, ABC of prevention . - Community participation ( slum population, prisoners , youth ) in world AIDS day activities for delivering key messages.

99)

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

Introducing harm reduction practices. Dealing with legal barriers for prevention efforts addressing MARPs

**Page 48**

100)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT**

**1. Does the country have a policy or strategy to promote comprehensive HIV treatment, care and support? (Comprehensive care includes, but is not limited to, treatment, HIV testing and counselling, psychosocial care, and home and community-based care).**

Yes (0)

**Page 49**

101)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT**

**1.1 IF YES, does it address barriers for women?**

Yes (0)

**102)**

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

Yes (0)

**103)**

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

Yes (0)

## Page 50

**104)**

### Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

The care and treatment subcommittee of the NAC identified major policy issues and addressed them through National AIDS committee. HIV/AIDS patients are provided ARV, depending on the medical eligibility criteria. Positive patient associations are empowered and actively involved in provision of care. Clinicians were trained to be on alert to identify symptomatic patients in healthcare settings. HIV surveillance and case reporting system were strengthened to assess the treatment and care needs.

**105)**

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

| | The majority of people in need have access |
|---|---|
| **HIV treatment, care and support service** | |
| Antiretroviral therapy | Agree |
| Nutritional care | Agree |
| Paediatric AIDS treatment | 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 | Don't agree |
| TB infection control in HIV treatment and care facilities | Agree |
| Cotrimoxazole prophylaxis in HIV-infected people | Agree |
| Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape) | Agree |
| HIV treatment services in the workplace or treatment referral systems through the workplace | N/A |
| HIV care and support in the workplace (including alternative working | |

| | |
|---|---|
| HIV care and support in the workplace (including alternative working arrangements) | Don't agree |
| Other: please specify | |

**Page 51**

**106)**

## 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)**

**107)**

**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 52**

**108)**

**Part A, Section IV: TREATMENT, CARE AND SUPPORT**

**Question 4 (continued)**
**IF YES, for which commodities?:**

ARV, Condoms

**Page 53**

**109)**

**Part A, Section IV: TREATMENT, CARE AND SUPPORT**

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

7 (7)

**110)**

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

-Supply of uninterrupted line of ARV drugs to provinces has been ensured. -Expansion of ARV centres into the provinces. -Empowerment and capacity building of positive people groups have been strengthened. -Dissemination of knowledge and increase of clinical alertness among clinicians and health care professionals were carried out since 2007 and as a result diagnosis of HIV infections among the patients who are in symptomatic stages has been satisfactory. -Introduction of second-line drugs and increase the number of first-line drugs in ART centres.

**111)**

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

-Expansion of ARV centres to remaining provinces. -Reduction of stigma and discrimination. -Integration of management of AIDS patients to the existing healthcare setting. - Continuous update of knowledge of health care providers in management of HIV/AIDS patients

**Page 54**

**112)**

**Part A, Section IV: TREATMENT, CARE AND SUPPORT**

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

N/A (0)

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**113)**

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

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

Yes (0)

**Page 58**

**114)**

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

2007

**115)**

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

2011

**116)**

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

No (0)

**117)**

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

Yes (0)

**118)**

**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**

**119)**

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

**2. Does the national Monitoring and Evaluation plan include?**

| | |
|---|---|
| a data collection strategy | Yes |
| a well-defined standardised set of indicators | Yes |
| guidelines on tools for data collection | No |
| a strategy for assessing data quality (i.e., validity, reliability) | No |
| a data analysis strategy | No |
| a data dissemination and use strategy | No |

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**120)**

**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 |

**121)**

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

No (0)

**Page 64**

**122)**

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

Yes (0)

**Page 65**

**123)**

**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:**

During external reviews.

**124)**

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

Yes (0)

**Page 66**

**125)**

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

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

**126)** **Number of permanent staff:**

Please enter an integer greater than or equal to 0

5

**127)** **Number of temporary staff:**

Please enter an integer greater than or equal to 0

1

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**128)**

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

**Question 5.2 (continued)**
**Please describe the details of <u>all</u> the permanent staff:**

| | Position | Full time/Part time? | Since when? (please enter the year in yyyy format) |
|---|---|---|---|
| Permanent staff 1 | Coordinator | Full time | 2009 |
| Permanent staff 2 | Medical officer | Full time | 2008 |
| Permanent staff 3 | Public Health Nursing officer | Full time | 2008 |
| Permanent staff 4 | Public Health Inspector | Full time | 2008 |

| | | | |
|---|---|---|---|
| Permanent staff 5 | Public Health Inspector | Full time | 2008 |
| Permanent staff 6 | | | |
| Permanent staff 7 | | | |
| Permanent staff 8 | | | |
| Permanent staff 9 | | | |
| Permanent staff 10 | | | |
| Permanent staff 11 | | | |
| Permanent staff 12 | | | |
| Permanent staff 13 | | | |
| Permanent staff 14 | | | |
| Permanent staff 15 | | | |

**129)**

**Please describe the details of <u>all</u> the temporary staff:**

| | Position | Full time/Part time? | Since when? (please enter the year in yyyy format) |
|---|---|---|---|
| Temporary staff 1 | GFATM M&E officer | Full time | 2008 |
| Temporary staff 2 | | | |
| Temporary staff 3 | | | |
| Temporary staff 4 | | | |
| Temporary staff 5 | | | |
| Temporary staff 6 | | | |
| Temporary staff 7 | | | |
| Temporary staff 8 | | | |
| Temporary staff 9 | | | |
| Temporary staff 10 | | | |
| Temporary staff 11 | | | |
| Temporary staff 12 | | | |
| Temporary staff 13 | | | |
| Temporary staff 14 | | | |
| Temporary staff 15 | | | |

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**130)**

**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?**

No (0)

**Page 69**

131)

**What are the major challenges?**

-Currently routine data are collected only from public STD clinics on a quarterly basis. However this data is collected and submitted manually. STD clinics have limited IT facilities. -Need to establish a system to get down essential data from NGOs and other stakeholders. -Need to build the capacity of M&E unit. -Need to have uninterrupted and sufficient funds to carry out M&E activities. - Private Hospitals Act yet to be approved by the Cabinet. So it is difficult to get health related data from private sector institutions.

**Page 70**

132)

**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?**

**No (0)**

**Page 71**

133)

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

Yes (0)

**Page 72**

134)

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

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

SIM unit and the epidemiologist of National STD/AIDS control programme maintain a simple database for HIV and STIs.

135)

**7.2 IF YES, does it include information about the content, target populations and geographical coverage of HIV services, as well as their implementing organizations?**

Yes, but only some of the above (0)

**Page 73**

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

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

target populations (0)
geographical coverage of HIV services (0)

**137)**

**7.3 Is there a functional* Health Information System?**

| | |
|---|---|
| At national level | Yes |
| At subnational level | Yes |

**Page 74**

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

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

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

MOH level ( medical officer of health) and district level

**139)**

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

No (0)

**140)**

**9. To what extent are M&E data used**

**9.1 in developing / revising the national AIDS strategy?:**

4 (4)

**141)**

**Provide a specific example:**

To prepare National strategic plan 2007-2011 To write proposal for GFATM grants. To project HIV epidemic in the country The strategic area of Prevention - Prevention interventions aimed at target populations ( MSM, CSW, Prisoners) as a priority area in under Under care and treatment -To strengthen VCT to increase uptake of testing and identify HIV positives early by training doctors to have a high index of suspicion and secure funds for ART Strategic information – Carry out size estimations of risk populations to set targets to increase the coverage

**142)**

**What are the main challenges, if any?**

Lack of data flow to the National programme from all stakeholders, Surveys conducted on selected populations and using sampling methods which cannot be generalised to the specific populations,

and thus data cannot be used for national planning and implementation. -Lack of data use, in the absence of a standard system for dissemination even the available data cannot be accessed by the relevant stakeholders. However amid these constraints HIV and STI surveillance data are disseminated by annual reports and quarterly reports through the web site of the national programme whenever facilities to update the website are available Maintaining the website is a challenge with lack of continuing funds and professional services.

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

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

3 (3)

**144)**

**Provide a specific example:**

To prepare GFATM proposal, projections and estimates of PLWHA , programme routine data on PMTCT, Survival , defaulters and morbidity , side effects and drug resistance ( clinical failure) for estimating budget for ART needs – prevalence data and size of populations were used to plan targets and coverage for MSM and sex workers Data gaps identified and future design of strengthening strategic information IBBS, operational research and mapping of target populations, and in M&E Financial analysis – to guide resource allocation

**145)**

**What are the main challenges, if any?**

Financial gap analysis –No up-to-date national health accounts /provincial level spending Lack of data on funds spent on specific areas of prevention especially by civil society

**Page 76**

**146)**

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

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

**3 (3)**

**147)**

**Provide a specific example:**

Strengthening human resource To restructure the NAC and its subcommittees Streamlining of staff needs –on the recommendation of function task analysis New cadre projections were identified Training needs identified

**148)**

**What are the main challenges, if any?**

Certain activities were commenced however sustaining these are a challenge due to lack of funds and manpower. The existing provincial health information systems are not linked to the central M&

E unit. The peripheral STD clinics do not have a proper M&E system To have a simple national accounting system, that enables tracking expenditure by strategic areas from all partners, government /non government to evaluate the cost effectiveness and cost- benefit.

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**149)** **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**

**150)**

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

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

**Page 79**

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

**Question 10.1 (continued)**
**Please enter the number of people trained <u>at national level.</u>**

Please enter an integer greater than 0

20

**152)** **Please enter the number of people trained <u>at subnational level.</u>**

Please enter an integer greater than 0

60

**Page 80**

**153)**

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

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

No (0)

**Page 82**

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

**Question 10.2 (continued)**
**Overall, how would you rate the M&E efforts of the HIV programme in 2009?**

7 (7)

**155)**

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

Allocation of a physical area and provision of infrastructure for a Strategic Information Unit Identification of full time staff for the unit. Training of staff Preparation of a draft M&E plan Population size estimation by mapping initiated. Existing M&E system for the network of STD clinic updated.

**156)**

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

Allocation of sufficient funds for M&E area Need to prioritize M&E activities Getting financial and professional support for software updates and web development and maintenance

**Page 83**

**157)**

**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**

**158)**

**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**

**159)**

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

**2.1 *IF YES,* for which subpopulations?**

| | |
|---|---|
| a. Women | Yes |
| b. Young people | |
| 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 | Yes |
| Other: Please specify | |

**160)**

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

1. Sri Lanka is a signatory to the CEDAW that is bound to follow the reporting procedures in relation to non discrimination/protection of women. 2. The labour migration law provides for the protection and rights of all migrant workers and their families. However being HIV negative is a prerequisite for employment abroad largely due to host country regulations. 3. young people: The current Health policy includes the health of young persons, however, no separate youth policy exists. There is also a policy on the health of young person's currently in draft form. This policy outlines the need for compressive sexual and reproductive health education including HIV, access to youth friendly health services for young people as well as increased youth participation.

**161)**

**Briefly describe the content of these laws:**

1. The constitution of Sri Lanka-fundamental rights provides for affirmative action through laws for women, children and disabled persons. 2. The policy states that migrant workers are entitled to a variety of fundamental human rights, migrant specific rights and labour rights in the workplace as articulated in the ILO multilateral framework on labour migration.

**162)**

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

1. CEDAW is integrated through enforcing legislation such as the Domestic Violence act, Women's Charter 2. One day training for migrant domestic workers is provided by the national body, Sri Lanka Foreign Employment Bureau which can be availed by those who register through the bureau. Male migrants departing to South Korea also received one day training. How ever there a large number of documented, undocumented and sponsored migrant workers do not receive any training what so ever. 3. The ILO code of practice relating to HIV and AIDS at the workplace is enforced through the collaboration with the Employers Federation of Ceylon (EFC) trade unions and ministry of labour 4. Unfortunately the Population and Reproductive Health Policy is yet to be implemented successfully.

**Page 86**

**163)**

**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**

**164)**

## Part B, Section I. HUMAN RIGHTS

## 3.1 *IF YES,* for which subpopulations?

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

**165)**

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

Women As per the vagrants ordinance the police has the authority to arrest sex workers. Men who have sex with men 1. Homosexuality is a criminal offence under Section 365 and 365A of the penal code. 2. Section 365 and 365A of the penal code criminalizes sexual acts between 2 consenting adults of the same sex. Sex Workers Under the brothel house ordinance criminalize the sex work Migrant workers The Sri Lanka government does not impose mandatory HIV testing to migrant populations. However, since GAMCA is the only body designated by the Gulf States to conduct medical examinations, a mandatory HIV test is conducted for all migrant workers to the Gulf violating international conventions.

**166)**

## Briefly comment on how they pose barriers:

1. Although, the relevant penal provisions are rarely used, their existence contributes to the ongoing stigma and discrimination these groups face in the community and harassment in the hands of law enforcement agents. 2. Legal provisions drive the MSM community and commercial sex workers underground. 3. The sweeping statements of the penal code address alleged ‘indecency’ of ‘unnatural’ sex leads to criminalize the LGBTIQ community. 4. As sex workers find ‘quick and easy’ ways to avoid the police, they do not want to keep condoms with them as it proves their status. It de-motivates condom use among sex workers. 5. If one is found HIV positive during the testing process she/he is terminated from employment in the Gulf and that prevents a person to motivate for VCCT.

**Page 88**

**167)**

## 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)

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**168)**

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

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

1. The National AIDS Strategic Plan 2007-2011 clearly outlines the following four guiding principles which apply to each of the strategic areas of the strategy and affect national planning and service delivery equally as cross cutting concerns; i) Strategies based on evidence ii) Respect for human rights iii) Gender considerations iv) Involvement of communities and people living with HIV

**169)**

**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)

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**170)**

**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)

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**171)**

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

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

1. The National HIV/AIDS Strategic Plan was developed by involving key members and vulnerable communities and organizations as well as other CSO's working on the HIV response including faith based organizations, trade unions etc. 2. The national labor migration policy and national tripartite declaration on HIV was also developed by involving tripartite representatives as per the ILO process. 3. . However, the outcome and implementation of such strategic plans and polices are not always shared and discussed in an inclusive way.

**172)**

**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 | No |

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**173)**

**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:**

1. Even though the national policy on HIV is not endorsed, the National Strategic plan states services are provided free for charge by government. However, some of these services are confined to Colombo and have not been decentralized. 2. CSOs are not empowered to conduct many services relating to HIV care and support. 3. Most HIV related care and support interventions are conducted by positive network organizations and not by the government though the infectious disease hospital has a dedicated section for PLHIVs.

**174)**

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

Yes (0)

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**175)**

**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)

**176)**

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

Yes (0)

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**177)**

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

**Question 9 (continued)**

**IF YES, briefly describe the content of this policy:**

1. The National HIV/AIDS Strategic Plan 2007-2011 states in section 5 .2 and 5.3 that MARPs have access to prevention, treatment and care programs.

**178)**

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

No (0)

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**179)**

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

Yes (0)

**180)**

**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?**

No (0)

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**181)**

**– 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)

**182)**

**– 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)

**183)**

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

No (0)

**Page 99**

184)

**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)

185)

**– Legal aid systems for HIV casework**

No (0)

186)

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

No (0)

187)

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

Yes (0)

188)

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

Yes (0)

**Page 100**

189)

**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: [Workshops, seminars and lecturers] Law enforcement agents: police** | **Yes** |

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190)

**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?**

**2 (2)**

**191)**

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

1. A new labor migration policy was introduced. 2. Workplace education program facilitated development of 14 company policies on AIDS based on ILO code of practice in the private sector. 3 . National Tripartite Declaration on HIV and AIDS and Trade Union policy on HIV and AIDS were launched. 3. A sex workers mapping exercise was carried out in four main districts of the country for policy interventions. 4. The school education program has been implemented with training of teachers.

**192)**

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

1 The national AIDS policy is not endorsed yet. 2.Sri Lanka is a high labor exporting country. Evidence shows that there are growing numbers of HIV positive migrant workers in the country due to their vulnerabilities. Currently migrants are not considered as MARPS. This fact itself of giving less prominence to this group leading to greater risk and vulnerability. 3. Issues of IDUs are not adequately considered in national drug policy. 4. Policies on SWs, MSMs and LGBT population groups should be seriously considered with a greater r political commitment. 4. The current penal code laws for SWs, DUs and MSMs need review/removal as they present barriers to prevention. 5.Civil society engagement in planning and implementation of national HIV policies and programme should be further strengthened.

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**193)**

**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?**

**3 (3)**

**194)**

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

The national labor migration policy is been put to practice and key stakeholder partners educated about its relevance.

**195)**

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

A national youth policy with a rights based SRH and HIV

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**196)**

**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)

**197)**

**Comments and examples:**

CSOs are progressively engaged in policy formulation but their voices to be further strengthened. However, the access to change political will is limited as there is indecision in government to change some policy interventions for fear of reprisal. Furthermore, civil society lacks the dynamism seen in other parts of south Asia mainly because of the general mis-trust and anti NGO sentiments of certain factions

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**198)**

**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)?**

2 (2)

**199)**

**Comments and examples:**

There is limited involvement by CSO representatives including MARPs in planning, budgeting and reviewing drafts due to the power imbalance between government and civil society. Barriers include: language and stigma

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**200)**

**a. the national AIDS strategy?**

3 (3)

**201)**

**b. the national AIDS budget?**

1 (1)

**202)**

**c. national AIDS reports?**

2 (2)

**203)**

**Comments and examples:**

Services provided by the civil society is not adequately recognized by government and national budget has limited contribution to services provided by civil society

**Page 106**

**204)**

**a. developing the national M&E plan?**

1 (1)

**205)**

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

1 (1)

**206)**

**c. M&E efforts at local level?**

0

**207)**

**Comments and examples:**

Transparency in M&E process is limited and CSOs do not have adequate opportunity to engage in the M&E process. But UNGASS working group has equal representation from civil society and government

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**208)** **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)?**

3 (3)

**209)**

**Comments and examples:**

There is a diverse group of CSOs who are working on AIDS but the involvement of faith based organizations is still limited

**Page 108**

**210)**

**a. adequate financial support to implement its HIV activities?**

2 (2)

**211)**

**b. adequate technical support to implement its HIV activities?**

2 (2)

**212)**

**Comments and examples:**

1. Funds released through the Global Fund and World Bank through the government has been limited during the past two years. 2. CSOs rely mostly on multilateral agencies and other INGOs for funding their HIV intervention programs. 3. UN agencies provide some technical assistance for specialized projects by way of hiring technical experts and in country training or seminars. 4. Capacity of civil society was developed through foreign and local training and providing expertise on organizational management. Civil society member was participated in regional police meeting Two civil society members participated in CAA recommendation launch and local CSO consultation held in Sri Lanka. CAA report was translated to local languages. World Bank supported Lanka Plus to conduct income generation activities through marketplace programmes. Lanka Plus participated in capacity development programme CSO strengthening project was initiated through ICOMP and selected three CSOs from Sri Lanka. CSO team was sent on a study tour on sex work to India (UNFPA) Civil society member was trained on UNFGASS reporting and engage in organizing civil society response in UNGASS reporting process UNFPA supports a network of 7 NGOs's engaged in HIV prevention in sex work. The support includes the funding of a drop in centre for sex workers in Colombo, outreach workers for condom promotion and clinic referrals. Law enforcement agents such as the police are also being sensitized by the NSACP with support from UNFPA.

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**213)** **Part B, Section II. CIVIL SOCIETY PARTICIPATION**

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

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

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**214)**

**Part B, Section II. CIVIL SOCIETY PARTICIPATION**

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

4 (4)

**215)**

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

1. Involvement of the civil society in national level activities – Mapping and size estimations of MSM and Sex workers in 4 districts across the island, conduct stigma index on HIV related stigma and discrimination 2. Significant representation of civil society in national level planning and strategy development.

**216)**

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

1. Lack of participation of rural based CSOs . 2. Need to strengthen networking and linkages of CSOs working on HIV. 3.Need to create and strengthen additional civil society groups led by MARPS.

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**217)**

**Part B, Section III: PREVENTION**

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

Yes (0)

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**218)**

**Part B, Section III: PREVENTION**

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

National strategic plan on HIV in Sri Lanka was developed with the broader consultation with all stakeholders including civil society organizations working with most-at-risk and vulnerable populations.

**219)**

**1.1 To what extent has HIV prevention been implemented?**

**The majority of people in need have access**

| HIV prevention component | |
|---|---|
| Blood safety | Agree |
| Universal precautions in health care settings | Agree |
| Prevention of mother-to-child transmission of HIV | Agree |
| IEC* on risk reduction | Agree |
| IEC* on stigma and discrimination reduction | Agree |
| Condom promotion | 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 | Don't agree |
| School-based HIV education for young people | Don't agree |
| HIV prevention for out-of-school young people | Don't agree |
| HIV prevention in the workplace | Don't agree |
| Other: please specify | |

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**220)**

## 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?

4 (4)

**221)**

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

1. GFATM proposal was well focused that targeted prevention activities among MARPS 2. UN agencies have provided technical and financial support for targeted prevention programmes of MARPs. 3. UN Cares programme was implemented in the UN system. 4. Other at risk population groups such as migrant workers, women and youth have been included in HIV interventions by CSOs. 5. More CSOs have successfully being able to work with MARPs

**222)**

## What are remaining challenges in this area:

1. Encourage state to recognize fundamental rights of MARPs that will be useful in prevention efforts. 2. Establish an effective coordinating mechanism between government and civil society. 3. Lack of in-country financial commitment to continue the prevention progammes 4. Prevention programmes for youth and women are not adequate 5. Limited technical capacity of CSOs in programme planning and implementation

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**223)**

## Part B, Section IV: TREATMENT, CARE AND SUPPORT

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

No (0)

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**224)**

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

There is hardly any strategic information available on the specific needs of HIV treatments care and support in Sri Lanka. But ARV and medical treatment is dispensed free of charge by the government health sector at present.

**225)**

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

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**226)**

**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?**

4 (4)

**227)**

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

1. Emergence number of new of local STI clinic in district level with facilities. 2. ARV is dispensed free of charge

**228)**

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

1. Ensuring quality and quantity of palliative care facilities. 2. In-country financial resource mobilization ARV and care and support for PLHIV 3. Prevention actions are not sufficiently focused on behavior change of PLHIV 4. Information on HIV prevention and service are not adequately penetrated to the workplace. 5. GIPA training for PLHIV communities and affected families have not been adequately provided

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**229)**

**Part B, Section IV: TREATMENT, CARE AND SUPPORT**

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

No (0)