

Survey Response Details

Response Information

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Response Details

Page 1

1) Country

Senegal (0)

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

Dr Papa Amadou Niang DIALLO

3) Postal address:

25927 Dakar - Fann

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Please include country code

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Please include country code

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6) E-mail:

pandiallo@cnls-senegal.org

7) Date of submission:

Please enter in DD/MM/YYYY format

31/03/2010

Page 3

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

Après l'atelier de lancement du processus, deux points focaux chargés de coordonner la collecte des données ont été désignés: un pour la partie A et un pour la partie B. Pour la partie A, le questionnaire a été envoyé au secrétaire exécutif et au chargé de Suivi-Evaluation du CNLS, ainsi qu'au chef de la Division de Lutte contre le Sida du ministère de la santé et de son chargé de Suivi-

Evaluation. Ensuite les réponses ont été synthétisées sur un formulaire par un groupe restreint. Pour la partie B, le questionnaire a été envoyé à une trentaine d'organisations de la société civile et des partenaires, des réseaux de PVVIH, d'associations de MSM, etc. Ensuite un atelier regroupant les organisations clés ont fait la synthèse et partagé avec le grand groupe qui l'a validé.

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

Globalement, il ya eu très peu de désaccords. Le cas échéance l'équipe restreint a interpellé les répondants ou cherché les sources pour trancher la question. Lors de l'atelier de validation, un groupe de travail a fait le point sur les deux parties et a fait de suggestions qui sont intégrées dans le formulaire.

10)

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

La méthode participative a permis d'avoir des données de qualité avec de très faibles risques d'interprétations erronées.

Page 4

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	CNLS Dr Ibra NDOYE Secrétaire Exécutif	A.I, A.II, A.III, A.IV

12)

Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 2 CNLS	Dr Seyni NDOYE, chargé Suivi-Evaluation	A.I, A.II, A.III, A.IV, A.V
Respondent 3 Ministère de la santé - DLSI	Dr Abdoulaye Sidibé WADE, Chef de service	A.I, A.II, A.III, A.IV
Respondent 4 Ministère de la santé - DLSI	Dr Adama NDIR, Responsable Suivi-Evaluation	A.I, A.II, A.III, A.IV, A.V
Respondent 5 CNLS	Dr Papa Amadou Niang Diallo, assistant SE	A.I, A.II, A.III, A.IV, A.V
Respondent 6		
Respondent 7		
Respondent 8		
Respondent 9		
Respondent 10		

- Respondent 11
- Respondent 12
- Respondent 13
- Respondent 14
- Respondent 15
- Respondent 16
- Respondent 17
- Respondent 18
- Respondent 19
- Respondent 20
- Respondent 21
- Respondent 22
- Respondent 23
- Respondent 24
- Respondent 25

13)

NCPI - PART B [to be administered to civil society organizations, bilateral agencies, and UN organizations]

Organization Names/Positions		Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 1	ANCS Magatte MBODJ, Secrétaire Exécutif	B.I, B.II, B.III

14)

Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 2 ANCS	Soussaba Kanoute, chargé Suivi-Evaluation	B.I, B.II, B.III, B.IV
Respondent 3 ANCS	Massogui THIANDOUM	B.I, B.II, B.III, B.IV
Respondent 4 ANCS	Omar Ben Khatab GUEYE, chargé des MSM	B.I, B.II, B.III, B.IV
Respondent 5 Intermondes	Malang Kamara	B.I, B.II, B.III, B.IV

Respondent 6	GEEP	Mademba NDOYE	B.I, B.II, B.III, B.IV
Respondent 7	AJD/PASTEEF	Babou NDAO	B.I, B.II, B.III, B.IV
Respondent 8	Réseau National de PVVIH	Babacar WADE, Adjoint	B.I, B.II, B.III, B.IV
Respondent 9	Réseau National de PVVIH	Ismaila GOUDIABY, Président	B.I, B.II, B.III, B.IV
Respondent 10	Fédération des Associations de Femmes Sénégalaises	Fleura Coly Tvarése	B.I, B.II, B.III, B.IV
Respondent 11	ASBEF	Alioune Badara DIOUF	B.I, B.II, B.III, B.IV
Respondent 12	Synergie pour l'enfance	Serigne Abdou Khadir NIANG	B.I, B.II, B.III, B.IV
Respondent 13	FHI	Mamadou MBAYE	B.I, B.II, B.III, B.IV
Respondent 14	SWAA	Dr Simon HAMBARUKIZE	B.I, B.II, B.III, B.IV
Respondent 15	Centre de Traitement Ambulatoire	Dr Ndeye Fatou NGOM, chef de service	B.I, B.II, B.III, B.IV
Respondent 16	JAMRA	Bamar GUEYE, Responsable	B.I, B.II, B.III, B.IV
Respondent 17	ENDA	Dauda DIOUF, secrétaire exécutif	B.I, B.II, B.III, B.IV
Respondent 18	APAPS	Famara MANE, Chargé de Programme	B.I, B.II, B.III, B.IV
Respondent 19	KARLEN	Debbo SOW, Présidente	B.I, B.II, B.III, B.IV
Respondent 20	TAXAWU JIGEN	Ndeye SECK, Présidente	B.I, B.II, B.III, B.IV
Respondent 21	Association Prudence	Djamil BANGOURA, Président	B.I, B.II, B.III, B.IV
Respondent 22	AIDS, Sénégal	Diadji DIOUF, Président	B.I, B.II, B.III, B.IV
Respondent 23	Association ADAMA	Ibrahima DIAGNE, Président	B.I, B.II, B.III, B.IV
Respondent 24	HACI, Sénégal	Alioune FALL, Coordonnateur	B.I, B.II, B.III, B.IV
Respondent 25	ANBEP	Alpha NDIAYE, Président	B.I, B.II, B.III, B.IV

Page 5

15)

Part A, Section I: STRATEGIC PLAN

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

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

Yes (0)

Page 7

16) Part A, Section I: STRATEGIC PLAN

Question 1 (continued)

Period covered:

2007 - 2011

17)

1.1 How long has the country had a multisectoral strategy?

Number of Years

9

18)

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

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

Page 8

19) Part A, Section I: STRATEGIC PLAN

Question 1.2 (continued)

If "Other" sectors are included, please specify:

Tourisme, Administration Pénitentiaire

20)

IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specific activities?

Financement CNLS à travers la Banque Mondiale, le Fonds Mondial, la contrepartie de l'état, etc.

Page 9

21)

Part A, Section I: STRATEGIC PLAN

1.3 Does the multisectoral strategy address the following target populations, settings

and crosscutting issues?

Target populations	
a. Women and girls	Yes
b. Young women/young men	Yes
c. Injecting drug users	No
d. Men who have sex with men	Yes
e. Sex workers	Yes
f. Orphans and other vulnerable children	Yes
g. Other specific vulnerable subpopulations*	Yes
Settings	
h. Workplace	Yes
i. Schools	Yes
j. Prisons	Yes
Cross-cutting issues	
k. HIV and poverty	Yes
l. Human rights protection	Yes
m. Involvement of people living with HIV	Yes
n. Addressing stigma and discrimination	Yes
o. Gender empowerment and/or gender equality	Yes

22)

1.4 Were target populations identified through a needs assessment?

Yes (0)

Page 10

23)

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

Please enter the year in yyyy format

2008

Page 11

24)

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

Femmes et filles, Jeunes femmes/jeunes hommes, OEV, Routiers, Pêcheurs, Forces Armées, groupes paramilitaires, Miniers et populations des zones minières, Personnes Handicapées, Détenus, populations des zones industrielles, touristiques et frontalières, autres populations mobiles.

25)

1.6 Does the multisectoral strategy include an operational plan?

Yes (0)

26)

1.7 Does the multisectoral strategy or operational plan include:

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

27)

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

Active involvement (0)

Page 12

28)

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

Elle a participé activement à l'élaboration du plan stratégique, du manuel opérationnel de Suivi-Evaluation, à la planification opérationnelle, à la mise en oeuvre et aux évaluations. La société civile est le deuxième bénéficiaire principal du Fonds Mondial pour le VIH.

29)

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

Yes (0)

30)

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

Yes, some partners (0)

Page 13

31)

Part A, Section I: STRATEGIC PLAN**Question 1.10 (continued)**

IF SOME or NO, briefly explain for which areas there is no alignment / harmonization and why

Certains partenaires planifient en dehors de l'organe de coordination et porte préjudice à la nécessité de complémentarité et de synergie

Page 14

32)

Part A, Section I: STRATEGIC PLAN

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

Yes (0)

Page 15

33)

Part A, Section I: STRATEGIC PLAN

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

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

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)	No
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)	No
Autres: insérer	

Page 16

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)

Page 18

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 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
Autres: PTME	Yes

Page 19

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):

Test volontaire en pratique routinière, Proposition du test systématique aux nouveaux recrues, aux personnels devant se rendre en mission de maintien de la paix en dehors du pays ainsi qu'à leur retour

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	Yes
e. Sex Workers	Yes
f. Prison inmates	Yes
g. Migrants/mobile populations	Yes
Autres: insérer	

41)

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

Des decrets d'application sont en cours d'élaboration. Existence de loi sur les mutilations faites aux femmes, sur la SR, etc

42)

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

Ces lois viennent juste d'être votées

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	No
d. Men who have sex with men	Yes
e. Sex Workers	Yes
f. Prison inmates	No
g. Migrants/mobile populations	No
Autres: insérer	No

45)

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

Pénalisation de l'homosexualité L'âge limite de la prostitution est < 21 ans Loi réprimant la drogue

46)

Briefly comment on how they pose barriers:

Elle amène les professionnelles du sexe < 21 ans et les MSM à la clandestinité et par conséquent à moins d'accès aux services de prévention et de soins

Page 23

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)

Page 25

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)

Page 26

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?

Professionnelles du sexe, MSM, Jeunes, Femmes, Hommes

55)

Briefly explain how this information is used:

Calcul des performance et taux de couverture pour certaines activités de prévention ainsi que pour des planifications ultérieures

Page 28

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)?**

Région, District

58)

Briefly explain how this information is used:

Des objectifs annuels sont fixés par région et désagrégés par district et constituent des dénominateurs à partir desquels ils sont évalués. Elle est utilisée à des fin de planification et de réorientation de la réponse au niveau local.

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:

Plans opérationnels annuels au niveau des districts, syntétisés niveau départemental et régional qui constituent le Plan Régional Intégré Multisectoriel (PRIM)

62)

What are remaining challenges in this area:

Implication effective de tous les intervenants lors des planifications opérationnelles au niveau des districts

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

2001

66)

2.2 IF YES, who is the Chair?

Name	Souleymane Ndene NDIAYE
Position/title	Pemier Ministre

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?	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

Page 33

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

15

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

1

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

1

Page 34

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)

Page 35

72)

Part A, Section II: POLITICAL SUPPORT**Question 3 (continued)**

IF YES, briefly describe the main achievements:

Le CNLS organise depuis 4 ans une réunion annuelle présidée par le premier ministre et depuis deux ans un forum des partenaires

73)

Briefly describe the main challenges:

Régularité des réunions trimestrielles

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)

20

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
Autres: insérer	

76)

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

Yes (0)

Page 36

77)

Part A, Section II: POLITICAL SUPPORT

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

No (0)

Page 38

78)

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)

79)

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

Elaboration du plan stratégique 2007-2011, du manuel opérationnel de SE, Soumission et obtention de la série 9 du Fonds Mondial

80)

What are remaining challenges in this area:

Meilleure maîtrise de la taille de certaines cibles très mobiles (PS, MSM, UDI) Fin du projet IDA banque Mondiale en juin 2010

Page 39

81)

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

82)

Part A, Section III: PREVENTION

1.1 IF YES, what key messages are explicitly promoted?

Check for key message explicitly promoted (multiple options allowed)

- a. Be sexually abstinent (0)
- b. Delay sexual debut (0)
- c. Be faithful (0)
- d. Reduce the number of sexual partners (0)
- e. Use condoms consistently (0)
- f. Engage in safe(r) sex (0)
- h. Abstain from injecting drugs (0)
- i. Use clean needles and syringes (0)
- 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)

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

Dépistage prénuptial

84)

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

85)

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)

86)

2.1 Is HIV education part of the curriculum in:

primary schools? Yes

secondary schools? Yes

teacher training? Yes

87)

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

Yes (0)

88)

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

Yes (0)

89)

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

90)

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

Page 4391) **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".

PVVIH, Femmes, jeunes, Groupes passerelles (camionneurs, pêcheurs, migrants, populations dans les zones touristiques, miniers, populations en zones frontalières, populations en zone industrielle

Page 44

92)

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)

93)

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

Ciblage des groupes minoritaires dans un contexte sociopolitique défavorables. Meilleur ciblage des groupes les plus à risque (groupes mobiles, populations fréquentant les zones touristiques, jeunes en milieu scolaire et non scolarisé, etc.) Utilisation des médias communautaires pour toucher les populations du milieu rural et dans les langues locales.

94)

What are remaining challenges in this area:

Rendre disponible dépistage au niveau de tous les postes de santé

Page 45

95)

Part A, III. PREVENTION

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

Yes (0)

Page 46

96)

Part A, III. PREVENTION

Question 4 (continued)

IF YES, how were these specific needs determined?

EN fonction des objectifs de l'accès universel et en fonction des différentes cibles.

97)

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

Page 47

98)

Part A, III. PREVENTION

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

8 (8)

99)

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

Forte implication du secteur privé, interventions en milieu carcéral, intensification des campagnes de conseil dépistage et de la PTME,

100)

What are remaining challenges in this area:

Intervention au niveau des UDI, Renforcement des précautions universelles en milieu de soins

Page 48

101)

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

102)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1.1 IF YES, does it address barriers for women?

Yes (0)

103)

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

Yes (0)

104)

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

services?

Yes (0)

Page 50

105)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 2 (continued)

IF YES, how were these determined?

A partir de l'estimation du nombre de PVVIH, il est estimé le nombre de personnes ayant besoins de TARV selon les objectifs de l'accès universel ainsi que ceux pour le traitement des IO, les besoins en réactifs et consommables pour le suivi immunovirologique

106)

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	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	Agree
TB infection control in HIV treatment and care facilities	Agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Agree
HIV treatment services in the workplace or treatment referral systems through the workplace	Agree
HIV care and support in the workplace (including alternative working arrangements)	Agree
Autres programmes: insérer	

Page 51

107)

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)

108)

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)

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:

Décentralisation des ARV au niveau de la plupart des districts sanitaires, renforcement des capacités des prestataires, Augmentation des sites de PEC pédiatrique, Evaluation des indicateurs d'alerte précoces des résistances.

111)

What are remaining challenges in this area:

Suivi des résistances au niveau décentralisé, faible couverture de la disponibilité du suivi immunologique. Non gratuité du bilan héмато-biochimique

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?

Yes (0)

Page 55

113)

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)

114)

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

No (0)

115)

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

Yes (0)

Page 56

116)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 5.3 (continued)

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

Please enter the rounded percentage (0-100)

40

117)

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

7 (7)

118)

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

Mise à disposition de bourses scolaires à plus de 5 000 OEV durant les années scolaires 2008-2009 et 2009-2010. Financement d'ONG d'appui aux familles des OEV, Analyse situationnelle des OEV. Définition du paquet minimum d'appui aux OEV

119)

What are remaining challenges in this area:

Priorisation des interventions

Page 57

120)

Part A, Section V: MONITORING AND EVALUATION

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

Yes (0)

Page 58

121)

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

2007

122)

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

2011

123)

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

Yes (0)

124)

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

Yes (0)

125)

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

126)

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

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

Page 61

127)

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

128)

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

Yes (0)

Page 62

129)

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".

8

130)

3.2 IF YES, has full funding been secured?

No (0)

131)

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

No (0)

Page 64

132)

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

Yes (0)

Page 65

133)

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:

Autoévaluation du système SE tous les 3 ans, Evaluation des 12 composantes du SE

134)

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

Yes (0)

Page 66

135)

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
ailleurs ? (insérer)	No

136) Number of permanent staff:

Please enter an integer greater than or equal to 0

3

137) Number of temporary staff:

Please enter an integer greater than or equal to 0

0

Page 67

138)

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	Chargé du Suivi-Evaluation	Full time	2007
Permanent staff 2	Assistant au chargé SE	Full time	2006
Permanent staff 3	Chargé de la base de donnée	Full time	2001
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
 15

Page 68

139)

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 69140) **Part A, Section V: MONITORING AND EVALUATION****Question 5.3 (continued)****IF YES, briefly describe the data-sharing mechanisms:**

Les données sont partagées au niveau district, département et région. Elaboration participative du rapport annuel du programme avec tous les partenaires

141)

What are the major challenges?

Insuffisance du respect du circuit de remontée de données (données non capitalisées)

Page 70

142)

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)

143)

6.1 Does it include representation from civil society?

Yes (0)

Page 71**144) Part A, Section V: MONITORING AND EVALUATION****Question 6.1 (continued)****IF YES, briefly describe who the representatives from civil society are and what their role is:**

Chargés de Suivi-Evaluation des ONG clés (nationales et internationales comme FHI)
responsables de la mise en oeuvre

145)

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

Yes (0)

Page 72

146)

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

La base de données nationales est géré par le chargé de la base données du CNLS qui coordonne toutes les bases au niveau régional qui syntghétise les données de chaque région qui sont transférées au niveau central

147)

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

148)

7.3 Is there a functional* Health Information System?

At national level	Yes
At subnational level	Yes

Page 74

149) 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)?

District Région

150)

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

Yes (0)

151)

9. To what extent are M&E data used

9.1 in developing / revising the national AIDS strategy?:

4 (4)

152)

Provide a specific example:

Le dépassement des objectifs pour certains objectifs annualisés ont conduit à une révision des objectifs pour les composantes CDV et PTME

Page 75**153) Part A, Section V: MONITORING AND EVALUATION**

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

4 (4)

154)

Provide a specific example:

L'analyse des données montrant une prévalence élevée au niveau des zones du sud a permis d'adopter une approche particulière de lutte impliquant des mesures transfrontalières et une orientation des ressources

155)

What are the main challenges, if any?

Non maitrise du CNLS des allocations faites par certains partenaires

Page 76

156)

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

4 (4)

157)

Provide a specific example:

L'insuffisance de la PEC en charge due à un déficit en personnel, en équipement et infrastructure a poussé le Sénégal à élaborer une proposition pour un Renforcement du Système de Santé transversal avec le Fonds Mondial

Page 77158) **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

159)

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?	Yes

Page 79160) **Part A, Section V: MONITORING AND EVALUATION****Question 10.1 (continued)****Please enter the number of people trained at national level.**

Please enter an integer greater than 0

30

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

Please enter an integer greater than 0

308

162) **Please enter the number of people trained at service delivery level including civil society.**

Please enter an integer greater than 0

Page 80

163)

Part A, Section V: MONITORING AND EVALUATION**10.2 Were other M&E capacity-building activities conducted other than training?**

Yes (0)

Page 81164) **Part A, Section V: MONITORING AND EVALUATION****Question 10.2 (continued)****IF YES, describe what types of activities:**

Supervision formative, Vérification sur sites de la qualité des données, etc.

Page 82165) **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)

166)

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

Mise en place d'un système de collecte, de partage et de remontée des données.

167)

What are remaining challenges in this area:

Non respect de ce système par certains partenaires

Page 83

168)

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

Yes (0)

Page 84

169)

Part B, Section I. HUMAN RIGHTS

1.1 IF YES, specify if HIV is specifically mentioned and how or if this is a general nondiscrimination provision:

Le Sénégal s'est doté d'une loi sur le VIH à l'instar de la plupart des Etats de l'Afrique de l'Ouest. Seulement il n'existe pas encore de texte d'application. Ce qui pose irrémédiablement des difficultés d'appropriation notamment au niveau des acteurs de la société civile et des acteurs communautaires.

170)

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

171)

Part B, Section I. HUMAN RIGHTS

2.1 IF YES, for which subpopulations?

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

172)

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

Cette année 2010, le Sénégal s'est doté d'une loi sur le VIH. Cependant le texte n'est pas encore promulgué, le décret d'application n'est pas encore publié.

173)

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

Même si beaucoup se sont félicité de la mise en place de la loi dans notre pays, il est regrettable de constater aujourd'hui que le texte n'a pas encore été promulgué et aussi aucune initiative allant dans le sens de sa vulgarisation n'a été entreprise pour une large diffusion des dispositions contenues dans le texte. De même certains aspects comme la prise en compte des besoins spécifiques des femmes Vivant avec le VIH (autonomisation, participation aux instances de prises de décision, droit à la propriété etc.) ne sont pas pris en compte. La question de la pénalisation de l'infection volontaire a aussi suscité des inquiétudes pour les PVVIH qui risquent de se faire accuser à n'importe quel moment. Pour tout cela il importe de mener des actions pour une meilleure prise en compte des besoins des groupes vulnérables dans le cadre de l'application de la loi.

Page 86

174)

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

175)

Part B, Section I. HUMAN RIGHTS

3.1 IF YES, for which subpopulations?

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

176)

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

- La loi réprimant les relations sexuelles contre – nature - La limitation de l'âge légale de la pratique prostitutionnelle à 21 ans

177)

Briefly comment on how they pose barriers:

• La loi sur l'homosexualité pousse les hommes ayant des relations sexuelles avec d'autres a demeuré dans l'ombre ; elle affaiblit ainsi les initiatives de prévention et de prise en charge des IST/VIH au niveau de cette communauté • Les initiatives menées ça et là en guise de prévention

et de prise en charge des IST/VIH au niveau des TS ont fini par montrer l'importance numérique des travailleuses du sexe âgées de moins de 21 ans. La limite d'âge apportée à la pratique prostitutionnelle réduit les chances de ces TS à bénéficier des services de prise en charge et de prévention des IST/VIH

Page 88**178) 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**179)****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 lutte contre la stigmatisation et la discrimination doit être un axe essentiel de la réponse eu égard à la prévalence basse au Sénégal qui crée une perception d'exception de l'infection. Il s'agira d'aider les PVVIH à s'extérioriser, à se responsabiliser et de leur accorder un soutien dans leurs activités de plaidoyer et de soutien psychosocial. Le plan prévoit d'élargir le rôle des religieux dans le soutien psychosocial et l'accompagnement des PVVIH et des OEV, en particulier au niveau des familles et des communautés et renforcer leur rôle dans la lutte contre la stigmatisation. Les résultats et recommandations des études sur la stigmatisation et la discrimination permettront d'une part aux autorités d'améliorer le dispositif juridique et réglementaire pour lutter contre ces comportements aussi bien au niveau de la population que dans les milieux de travail y compris le milieu de soins et d'autre part de renforcer les capacités des acteurs de la lutte contre le SIDA dans la promotion des droits des PVVIH. Le projet de loi sur le SIDA sera pris en compte dans les stratégies proposées pour lutter contre la stigmatisation et la discrimination. Dans le secteur du travail, des entreprises privées et publiques seront amenées à appliquer les directives internationales sur la séropositivité et l'emploi.

180)

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, most-at-risk populations and/or other vulnerable subpopulations?

Yes (0)

Page 90**181)****Part B, Section I. HUMAN RIGHTS****Question 5 (continued)**

IF YES, briefly describe this mechanism:

Le mécanisme (comité de veille) existe et il est logé au niveau du CNLS seulement quelques difficultés se posent quant à son efficacité et aussi la connaissance de son existence par les acteurs de la réponse. Donc à ce niveau des actions de communication autour du mécanisme sont à mener notamment au niveau des acteurs communautaires et des groupes hautement vulnérables (TS, MSM). Aucun membre de ces derniers groupes n'a connaissance de l'existence d'un tel mécanisme.

182)

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

183)

Part B, Section I. HUMAN RIGHTS**Question 6 (continued)****IF YES, describe some examples:**

- Elaboration du plan stratégique national - Participation aux RAC, aux réunions du CCM - Participation aux instances décentralisées du CNLS (CRLS, Pool Sida, etc.) - Participation à l'élaboration des plans régionaux intégrés multisectoriel (PRIM)

184)

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

185)

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:

- Gratuité du dépistage - Prise en charge des IO - Distribution gratuite de préservatifs / lubrifiant

186)

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

187)

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)

188)

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

Yes (0)

Page 94

189)

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

- Stratégies de prise en charge des groupes hautement vulnérables dans le PSN 2007 – 2011 -
Prise en charge des PVVIH

190)

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

Yes (0)

Page 95

191)

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

- Mise en place de politiques sectorielles de prise en charge des travailleuses du sexe et des hommes ayant des rapports sexuels avec d'autres hommes - Instauration de cadres de

concertation - Initiatives de prévention en direction des personnes handicapées

192)

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

Yes (0)

193)

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

194)

Part B, Section I. HUMAN RIGHTS

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

Yes (0)

195)

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

Le comité d'éthique logé au niveau du ministère de la santé cherche à veiller au respect strict des dispositions éthiques des recherches menées sur des sujets humains. Les PVVIH sont régulièrement consultées et participent activement aux différentes réunions du comité. Seulement les Groupes Hautement Vulnérables ignorent fortement l'existence de ce comité.

Page 97

196)

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

Yes (0)

197)

– 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)

198)

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

No (0)

Page 98

199)

Part B, Section I. HUMAN RIGHTS

Question 12 (continued)

IF YES on any of the above questions, describe some examples:

- Installation au niveau du gouvernement d'un secrétariat aux droits de l'homme - Existence de commissions en charge des droits de l'homme au niveau de l'assemblée nationale et du sénat - Assistants sociaux - Médiateurs de la santé

Page 99

200)

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)

201)

– Legal aid systems for HIV casework

No (0)

202)

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

No (0)

203)

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

Yes (0)

204)

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

Yes (0)

Page 100

205)

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
Autres: ONG, Communautés	Yes

Page 101

206)

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?**

5 (5)

207)

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

- Existence d'une loi sur le VIH

208)

What are remaining challenges in this area:

- Décret d'application de la loi - Non prise en compte de la spécificité des Groupes Hautement Vulnérables dans le texte de loi - Non prise en compte de la spécificité des femmes vivant avec le VIH dans le texte de loi - Vulgarisation de la loi à l'issue de sa promulgation

Page 102

209)

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?**

5 (5)

210)

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

- L'élaboration du PSN - Efforts de plaidoyer de la société civile - Loi sur le VIH

Page 103

211)

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?

5 (5)

212)

Comments and examples:

- Implication dans la rédaction des documents cadres - Participation aux RAC, aux réunions du CCM - Plaidoyer - Participation à l'élaboration des documents de propositions techniques et financières au Fonds Mondial

Page 104

213)

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)?

5 (5)

214)

Comments and examples:

- Participation au processus d'élaboration du PSN

Page 105

215)

a. the national AIDS strategy?

5 (5)

216)

b. the national AIDS budget?

3 (3)

217)

c. national AIDS reports?

4 (4)

218)

Comments and examples:

- Efforts de la société civile intègrent les principes du 3 ones - Données prises en compte dans l'élaboration des rapports nationaux - Budget national non accessible à la société civile

Page 106

219)

a. developing the national M&E plan?

5 (5)

220)

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

5 (5)

221)

c. M&E efforts at local level?

4 (4)

222)

Comments and examples:

- Implication de la société civile à tous les niveaux - Cependant on relève la non fonctionnalité de certaines instances au niveau décentralisé

Page 107**223) 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)?**

5 (5)

224)

Comments and examples:

Représentation plurielle et diverse des acteurs de la société civile Cependant il y a des efforts à faire dans la qualité de la représentation surtout au niveau des familles religieuses et confrériques

Page 108

225)

a. adequate financial support to implement its HIV activities?

3 (3)

226)

b. adequate technical support to implement its HIV activities?

4 (4)

227)

Comments and examples:

- Existence d'appui technique mais il convient d'améliorer la qualité des interventions et aussi des renforcements de capacités - Opérer à un renforcement mutuel des expériences entre acteurs de la société civile

Page 109228) **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	>75%
- Men who have sex with men	>75%
- Sexworkers	>75%
Testing and Counselling	25-50%
Reduction of Stigma and Discrimination	>75%
Clinical services (ART/OI)*	<25%
Home-based care	25-50%
Programmes for OVC**	>75%

Page 110

229)

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)

230)

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

- Participation aux processus de planification de la réponse nationale - Participation aux revues des programmes nationaux - Implication de la société au CNLS - Participation aux RAC - Participation au forum des partenaires

231)

What are remaining challenges in this area:

- Harmonisation entre les acteurs - Prise en compte de la dimension genre - Insuffisance des cadres de concertation - Qualité des interventions liée au niveau d'instruction des acteurs - Renforcement de la participation de la société aux programmes de recherche - Meilleure implication de la société civile dans le volet médical et clinique

Page 111

232)

Part B, Section III: PREVENTION

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

Yes (0)

Page 112

233)

Part B, Section III: PREVENTION

Question 1 (continued)

IF YES, how were these specific needs determined?

- Etudes - Enquêtes nationales de surveillance combinée - Document d'analyse des gaps - Cartographie de la vulnérabilité - Rapport des programmes

234)

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	Agree
Risk reduction for sex workers	Agree
Reproductive health services including sexually transmitted infections	Agree

prevention and treatment	Agree
School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	Agree
HIV prevention in the workplace	Agree
Autres: insérer	

Page 113

235)

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?

9 (9)

236)

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

- Campagnes nationales VIH - Décentralisation et Promotion de la PTME - Renforcement de la prise en charge des PVVIH et des OEV - Elargissement de la couverture géographique des interventions - Promotion des préservatifs - Production de supports communicationnels

237)

What are remaining challenges in this area:

- Stigmatisation - Insuffisance des ressources - Dépistage - Prise en compte de certains types d'handicap dans les structures de prise en charge

Page 114

238)

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

239)

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

IF YES, how were these specific needs determined?

- Analyse situationnelle - Cartographie des offres de services - Identification de besoins en traitement à l'hôpital FANN

240)

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

The majority of people in need
have access

HIV treatment, care and support service

Antiretroviral therapy	Agree
Nutritional care	Agree
Paediatric AIDS treatment	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	Agree
TB infection control in HIV treatment and care facilities	Agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Agree
HIV treatment services in the workplace or treatment referral systems through the workplace	Agree
HIV care and support in the workplace (including alternative working arrangements)	Agree
Autres: insérer	

Page 116

241)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

Question 1.1 (continued)

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

7 (7)

242)

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

- Prophylaxie en milieu de travail - Décentralisation et extension de la prise en charge

243)

What are remaining challenges in this area:

- Prise en charge des IO - Gratuité des bilans - Accessibilité des services aux personnes handicapées - Disponibilité de la prophylaxie post – exposition dans tous les milieux

Page 117

244)

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

245)

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)

246)

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

Yes (0)

247)

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

Yes (0)

Page 119

248)

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

7 (7)

249)

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

- Scolarisation des OEV - Octroi de bourses d'études aux OEV - Renforcement du paquet de services - Prise en charge psychosociale - Extension de la couverture - Réalisation de l'analyse situationnelle

250)

What are remaining challenges in this area:

