Survey Response Details

Response Information

Started: 3/23/2010 6:11:39 AM
Completed: 3/25/2010 7:17:19 AM
Last Edited: 3/29/2010 10:38:59 AM
Total Time: 2.01:05:40.1970000

User Information

Username: ce_ET
Email:

Response Details

Page 1

1) Country

Ethiopia (0)

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

Dr. Afework Kassa; Plan, Monitoring and Evaluation Directorate, Director

3) Postal address:

HIV/AIDS Prevention and Control Office, Ethiopia Bole road (Africa Ave), Dembel City Center 10th floor, P.O.Box 122326 Addis Ababa Ethiopia

4) Telephone:

Please include country code

+251 11 5547958

5) E-mail:

AfeworkK@etharc.org

Page 3

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

The survey that was designed to get together the National Composite Policy Index (NCPI) was carried out in the months of December, 2009 and January, 2010 using the NCPI Instruments given in the Guidelines on Construction of Core Indicators: 2010 Reporting (UNGASS 2010). The different sections of the NCPI were completed by a variety of stakeholders, including non-governmental organizations (NGOs), people living with HIV, national human rights commissions, United Nations agencies and private sector representatives. Thus, the methodology deployed in order to measure the progress include; make desk review, interviewing the appropriate governmental & nongovernmental respondents, collating data and presenting this information for discussion at a validation and/or consultation meeting where the involvement of government officials, civil society and other stakeholders presence and inputs are vital.. The NCPI comprised a lot of questions that summarize the core components of a rights-based move toward on the legal and policy environment, the availability of HIV-related services and vulnerable sub-populations. Identification of key

stakeholders was done by the NCPI consultant, Hailegiorgis Tilahun, in collaboration with FHAPCO, CSOs and UNAIDS. Two NCPI assistants, namely; Habtamu Girma and Desta Kassa, with prior experience in key informant interviewing underwent two days of training. Pre-testing was carried out among these assistants, only for familiarization, as no modification of the tools was anticipated. Progress report was presented to the National M&E Advisory committee through the FHAPCO M&E Directorate and amendment to the process were suggested to involve the Regional concerned bodies (RHBs, RHAPCO and other stakeholders working in the regions). All these respondents were successfully interviewed. These include; 36 part A respondents (i.e. government ministries and agencies) and 42 part B respondents (i.e. civil society organizations, bilateral agencies, UN & USG organizations. Moreover, the data was entered to SPSS software to tabulate and examine the narrative reports for text relating to the different sections of the NCPIs. For this round of NCPI analysis, an attempt was made to conduct a trend analysis and include description of progress made in (a) policy, strategy and law development and (b) implementation of these in support of the country's HIV response.

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

N/A

8)

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

N/A

Page 4

9)

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	FHAPCO	Afework Kassa; Plan, M&E Directorate, Director	A.I, A.II, A.III, A.IV, A.V

10)

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 2	FHAPCO	Mifta Awel, Planning expert	A.I, A.II
Respondent 3	FHAPCO	Eleni Seyoum, Monitoring and Evaluation Officer	A.IV, A.V
Respondent 4	CENTRAL STATISTICS AUTHORITY	Gebeyehu Abelit, Deputy Director General Of Population & Social Statistics	A.V
Respondent 5	MINISTRY OF EDUCATION	Hadish G/Tensai, Resource Mobilization Expert	A.II, A.III, A.IV, A.V
Respondent 6	ETHIOPIAN HEALTH NUITRITION RESEARCH	Hussein Faris Director Of Plan, Finance Monitoring & Evaluation	A.V

	INSTITUTE	Directorate	
Respondent 7	MINISTRY OF YOUTH & SPORTS	Mekkonen Yidersal, HIV/AIDS Program Focal Person	A.III
Respondent 8	MINISTRY OF LABOR & SOCIAL AFFAIR	Mesfin, Director Of Directorate Of Harmonious Industrial Relations	A.I, A.III, A.IV
Respondent 9	MINISTRY OF LABOR & SOCIAL AFFAIR	Solomon Demisse	A.I, A.III, A.IV
Respondent 10	ADDIS ABABA UNIVERSITY	Biniam Eskinder , March Project Focal Person	A.III
Respondent 11	AAHAPCO	Achamyeleh Alebachew, RHAPCO Head	A.I, A.II, A.III, A.IV, A.V
Respondent 12	NATIONAL DEFENSE FORCE	Yiheis Aytenfsu, Head Of HIV/AIDS/STIS Department	A.I, A.III, A.IV
Respondent 13	OROMIA HAPCO	Zenebech ,RHAPCO Head	A.I, A.II, A.III, A.IV, A.V
Respondent 14	FEDERAL POLICE	Tsegaye Kaleab, MARCH Project Director	A.I, A.III, A.IV
Respondent 15	MINISTRY OF HEALTH	Kiros Kidanu, Associate Director of Policy And Planning Directorate	A.V
Respondent 16	MINISTRY OF HEALTH	Aschalew Endale, NOP-HIV/AIDS	A.III, A.IV
Respondent 17	SOMALIA HAPCO	Mohammed Ahmed, Planning & Program Head	A.I, A.II, A.III, A.IV, A.V
Respondent 18	SOMALIA HAPCO	Mohammed Ahmed, Senior Training Expert	A.I, A.II, A.III, A.IV, A.V
Respondent 19	SOMALIA HAPCO	Afewerk Aberkersa- Senior Planning Expert	A.I, A.II, A.III, A.IV, A.V
Respondent 20	SOMALIA HAPCO	Ahmed Deik, Planning Team Leader	A.I, A.II, A.III, A.IV, A.V
Respondent 21	SOMALIA HAPCO	Kalil Tlaji, M&E Officer	A.I, A.II, A.III, A.IV, A.V
Respondent 22	SOMALIA HAPCO	Nasir Aden, App Officer	A.I, A.II, A.III, A.IV, A.V
Respondent 23	GAMBELLA HAPCO	Othow Akwa, Rhapco Head	A.I, A.II, A.III, A.IV, A.V
Respondent 24	GAMBELLA HAPCO	Alemu Tilahun, Head Of Disease Prevention & Control	A.I, A.II, A.III, A.IV, A.V
Respondent 25	GAMBELLA HAPCO	Ojulu Omot , Advocacy & Training Expert	A.I, A.II, A.III, A.IV, A.V

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

GAMBELLA HAPCO,Ojulu Odola-Advocacy & Training Team Leader; SNNPR HAPCO,Bekele Yilma-M&E Officer;SNNPR HAPCO,Fikrte Abera-Clinical Service Officer;SNNPR HAPCO,Feleke Gebre-Program Officer; SNNPR HAPCO,Tamirayehu-Officer;Amhara RHAPCO,Getaneh Derseh-RHAPCO Head; Amhara RHAPCO,Ayalew Jemberie-M&E Officer;DIREDAWA HAPCO Africa Mulugeta-Global Fund Program Officer;DIREDAWA HAPCO Yehwalashet-M&E Officer

12)

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

Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent

			was queried on]
Respondent 1	MINISTRY OF JUSTICE	Hibret Abahoy, Womens & Children Affairs	B.I, B.II

13)

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 2	MINISTRY OF WOMEN AFFAIRS	Mulatwa Wolde, HIV/AIDS Focal Person & Gender Expert	B.I, B.II
Respondent 3	AMHARA REGION	CARE	B.I, B.II, B.III, B.IV
Respondent 4	AMHARA REGION	CSO Forum	B.I, B.II, B.III, B.IV
Respondent 5	AMHARA REGION	NGO Forum	B.I, B.II, B.III, B.IV
Respondent 6	AMHARA REGION	NAP+	B.I, B.II, B.III, B.IV
Respondent 7	SNNP REGION	NAP+ - Abebaw Derbe, Program coordinator	B.I, B.II, B.III, B.IV
Respondent 8	SNNP REGION	OSSA	B.I, B.II, B.III, B.IV
Respondent 9	SNNP REGION	NGO Forum	B.I, B.II, B.III, B.IV
Respondent 10	UNFPA	HIV/AIDS - Ayehu Tameru, NPO	B.II, B.III
Respondent 11	NEP+IN ETHIOPIA	Dereje Alemayehu, Research & Advocacy Manager	B.I, B.II, B.III, B.IV
Respondent 12	DKT	Genna Aman,senior project advisor	B.III
Respondent 13	CETU	Hailekiros Weldemichael,Social Affairs Division Head	B.I, B.II, B.III
Respondent 14	FENAPD	Kassahun Yibeltal, President	B.IV
Respondent 15	CRDA	Semu Ketema Tefera, National Coordinator	B.I, B.II, B.III, B.IV
Respondent 16	EVMPA-MEDIA SUB FORUM	Sisay Abebe	B.I, B.II
Respondent 17	GAMBELLA	PACT - David Olok, Project officer	B.I, B.II, B.III, B.IV
Respondent 18	GAMBELLA	NEP+ - Chang Kooth , Program Coordinator	B.I, B.II, B.III, B.IV
Respondent 19	PEPFAR	Abeje Zegeye - TWG Chair, Care and Support	B.IV
Respondent 20	PEPFAR	Kassa Mohammed- TWG Chair, Prevention	B.III
Respondent 21	WFP	Meherete Selassie Menbere, HIV/AIDS Team Leader	B.IV
Respondent			

Respondent 22	WHO	Seblewengel Abate, NPO	B.IV
Respondent 23	UNICEF	Fikir Melesse NPO	B.III, B.IV
Respondent 24	ETHIOPIAN INTERFAITH FORUM DEVELOPMENT DIALOGUE ASSOCIATION	Habtamu WoldeYes, HIV unit Head	B.II, B.III, B.IV
Respondent 25	OSSA	Ibrahim Yosuf, Program manager	B.I, B.II, B.III, B.IV

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

NNPWE Eyelachew Etsub, Project Coordinator; CENTER FOR COMMUNICATION PROGRAMS/ARC,Gashaw Mengistu, ARC Coordinator; DIREDAWA REGION Henock kebede, Head of NEP+:DIREDAWA REGION Tadelu Hailu- OSSA M&E officer, DIREDAWA REGION Birhanu Gobena- CRDA Liaison officer;SOMALI REGION Mubarek Ahmed-officer; SOMALI REGION Yohannes Adere- NEP+ Advocacy and PR; SOMALI REGION Wendmagegnehu Birhanu - Selam association M&E officer, SOMALI REGION Abdulahi Abder- ENAMLET vice chair; SOMALI REGION Abun Dibbe- HAVOYOCO chair person, SOMALI REGION Dawit Bhunell- Rejow women Association Head; SOMALI REGION Aredo Aden-chair person; UNAIDS Mulumebet Merhatsedik, Prevention Focal Person; NEWA Tsehai Abate, Program Officer; ETHIOPIAN BUSINESS COALITION AGAINST HIV/AIDS;Tigist Urgessa, Training Coordinator.

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:

2010-2014

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

Page 8

19)

Part A, Section I: STRATEGIC PLAN

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

Agriculture, Finance and Economy, Justice, Trade and Industry, Culture and Tourism, Minerals and Energy

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?

The funds required for the implementation of their sector HIV/AIDS activities come from the Government annual budget plan and from other local NGOs working in the fight against HIV. Moreover, since, many sectors are cross-cutting, the workers and their families reached through the services accessible to the general population.

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	No
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?

Although Ethiopia is in the stage of a generalized epidemic, it was crucial to center on special target groups to rapidly control the epidemic and alleviate its impact through an effective use of resources. Based on the epidemiological facts and other assessment tools, the identification of the target population who are infected and affected most and who are highly vulnerable to infection was done in the country. And, thus ; The youth population aged 15-29 years is highly affected by the epidemic and the large number of this age group are in schools, therefore, targeted behavioral change communication and integration of HIV/AIDS prevention issues in the curriculum and in civic education was believed to be a strategy to effectively control the spread of HIV among the youth and the school community. In addition, youth out of school need to be targeted appropriately. Due to deep-rooted poverty, the number of commercial sex workers, especially in urban settings are rapidly increasing and resulting in the rapid transmission of the virus. Thus, comprehensive and tailored packages of interventions should be designed to address their special need. The mobile population groups, such as; long distance truck drivers, migrant laborers, and uniformed people, should be addressed with targeted interventions focusing on their mobile nature. Orphans and other vulnerable children must and deserve to be targeted both from care and support point of view as well as prevention and reduction of vulnerability. Special small scale studies, like the Amhara MARPs Survey, revealed that other specific vulnerable sub-populations in various regions of the country, such as Refugees, Construction work daily laborers, Students, Mobile merchants are also identified as most at risk population targeted both for preventive, care and treatment interventions.

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:

Currently, the country has ensured that civil society was fully involved and fully participated in developing the Strategic plan and management documents and actively involved in all supportive supervisions and review meetings at all levels. Active involvement was ensured through open and decentralized discussions with various stakeholders. Accessibility of funding for civil society organizations also enhanced their involvement. □ CSOs participated actively in the development and revisiting of the different HIV/AIDS related implementation Guidelines, the setting of the Universal Access targets and costing as well as in the development of the multisectoral strategy/action framework (SPMIII) document. Currently, most of the civil society organizations, bilateral and other multilateral organizations are found to be an active participant in the different Technical Working Groups (TWGs) at national as well as regional levels, particularly those on prevention, treatment, care and support as well as M&E. They all the time participate in annual and bi-annual reviews meetings and share their best practices and provide other inputs to these important events. □ At present, the civil societies in Ethiopia have established a very strategic role for themselves in delivering key programmes through government partnership. They also contribute to overall monitoring and evaluation of progress made at national level and thus recognizes themselves as stakeholders and partners. According to some of the regional informants, CSOs are involved in such a way that they are organized through the partnership forums, and most of them are fully participating in the national as well as regional council meetings while the strategic planning documents and annual performance reports are approved.

29)

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

Yes (0)

30)

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

Yes, all partners (0)

Page 14

31)

Part A, Section I: STRATEGIC PLAN

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

Yes (0)

Page 15

32)

Part A, Section I: STRATEGIC PLAN

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

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

33)

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

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

Page 16

34)

Part A, Section I: STRATEGIC PLAN

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

Yes (0)

Page 17

35)

Part A, Section I: STRATEGIC PLAN

3.1 *IF YES,* to what extent has it informed resource allocation decisions?

2 (2)

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 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: Please specify	

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):

Three types of HIV testing are available in the country: (1) Client-initiated, or voluntary counseling and testing, (2) Provider-initiated testing and counseling and (3) Mandatory HIV screening. Ethiopia responded to the HIV/AIDS epidemic as early as 1985. The Federal Ministry of Health and the HIV/AIDS Prevention and Control Office (MOH/HAPCO) developed an HIV/AIDS policy, different guidelines (PMTCT, ART, IP, VCT etc) and strategic documents to create an environment conducive for the implementation of HIV prevention, care, and treatment and support programs. As part of this effort, the first counseling and testing guidelines were published by the federal Ministry of Health (FMOH) in 1996 and the second edition, currently in use, in 2002.Counseling and Testing, as a crucial intervention component of the HIV/AIDS prevention, care and support program are promoted and widely available, affordable and accessible to all individuals and communities. Some of the Policy Statements clearly stated in the national guideline are; HCT services shall be standardized nationwide and shall be authorized, supervised, supported and regulated by appropriate government health authorities Informed consent for testing shall be obtained in all cases, except in mandatory testing According to the national HIV Counseling and testing guideline, Compulsory HIV testing can only be performed for specific reasons with individuals or groups when requested by the court. In all cases of compulsory HIV testing, individuals shall be informed of test results. HIV is a blood-borne pathogen spread by blood transfusion or tissue/organ transplantation; therefore it is mandatory to test blood or tissue for HIV before transfusion/transplantation/grafting. Mandatory screening of donated blood/organ/tissue is required prior to all procedures involving transfer of body fluids or body parts, such as artificial insemination, corneal grafts and organ transplant. Donors should be specifically informed about HIV testing of donated blood/organ/tissue. In the national HIV Counseling and testing, military or uniformed personnel in Ethiopia, (military or police), represent mobile high risk populations. Thus, Counseling and testing services for these groups should be developed with support from the military or police command and should include: Establishment of counseling and testing services in all military and police health facilities and in outreach programs to camps, VCT promotion among uniformed personnel and stigma reduction and Partner/spouse referral But, recently in the country, although VCT has been recognized as a rights-based approach to HIV testing, there had been increasingly a call to move away from a sole reliance on the VCT model in the past few years. The move towards a more aggressive type of testing is justified, among other things, by the wide availability of ART(*) (*)Mizanie Abate Tadesse (2007), HIV Testing from an African Human Rights System Perspective, University Of The Western Cape, Cape Town, South Africa

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	Yes
f. Prison inmates	Yes
g. Migrants/mobile populations	Yes
Other: Please specify	

41)

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

CSOs such as Ethiopian lawyers association, women's association, and professional association like teachers association are enforcing laws and regulations to be implemented. In addition to this, work place policies are under implementation and followed by civil service agency and ministry of labour and social affairs.

Page 21

42)

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?

No (0)

Page 23

43)

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

44)

Part A, Section I: STRATEGIC PLAN

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

Yes (0)

45)

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

Yes (0)

Page 25

46)

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)

47)

7.4 Is HIV programme coverage being monitored?

Yes (0)

Page 26

48)

Part A, Section I: STRATEGIC PLAN

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

Yes (0)

49)

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

No (0)

Page 28

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

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

Yes (0)

Page 29

51)

Part A, Section I: STRATEGIC PLAN

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

Coverage is monitored by geographical areas at Regional, Zonal, district and Health facility/site level

52)

Briefly explain how this information is used:

The M&E data are used by all the stakeholders for evidence based planning and decision making activities (i.e., for the revising of the national strategy, for budget allocation and for programme improvement). For instance, recently the SPMII is revised based on the evidences obtained from the M&E reports and routine program monitoring data are highly being used for making corrective measures.

53)

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

54)

Part A, Section I: STRATEGIC PLAN

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

9 (9)

55)

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

The second round Strategic plan and management (SPMII) document was developed at national level with full involvement of all the relevant stakeholders. And, thus, the principles of Three Ones' were applied strongly, and there was a wide participation from development partner as well as civil society both at the national as well as regional levels to commonly understand on how strategically plan, implement and monitor the programs of different levels. Over all, there is a progress with respect to the efforts made on the strategic plan development and implementation processes in relation to HIV and AIDS in 2009 compared to that of 2007 and 2005.

56)

What are remaining challenges in this area:

Some partners' plans and their M&E Indicators are not harmonized and aligned. The community based HIV/AIDS information are not well-captured and readily available for evidence based planning and decision making process at all levels. However, there is still room for improvement, particularly for community level PMTCT and OVC indicators. Lack of enough information on the magnitude of HIV among most at risk populations and the size of MARPs for intervention.

Page 31

57)

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

58)

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

59)

2.1 IF YES, when was it created?

Please enter the year in yyyy format

2000

60)

2.2 IF YES, who is the Chair?

Name	Girma Woldegeorgis
Position/title	President of the Federal Democratic Republic of Ethiopia

61)

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?	Yes
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

62)

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

61

63)

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

5

64)

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

65)

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

66)

Part A, Section II: POLITICAL SUPPORT

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

Council meetings, Joint review meetings, joint planning, Partnership forums and other conferences are mechanisms to bring government, funding agencies, civil society and private sectors together. Through these mechanisms, the achievements so far are leadership commitment at all levels is improved, coordination is improved, duplication of efforts are to some extent reduced, HIV/AIDS is mainstreamed in all governmental and non-governmental sectors, resources are mobilized and generally the response is strengthened

67)

Briefly describe the main challenges:

Harmonization and coordination still fragile, There is a high Government skilled staff turnover at all level to strengthen the health system development, Lack of recent epidemiological data for evidence based strategic planning development and decision making process, and there is a gap between the unmet need to UA and available secured fund

68)

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)

75

69)

5. What kind of support does the National AIDS Commission (or equivalent) provide to civil society organizations for the implementation of HIV-related activities?

Information on priority needs	Yes
Technical guidance	Yes
Procurement and distribution of drugs or other supplies	No
Coordination with other implementing partners	Yes
Capacity-building	Yes
Other: Please specify	

70)

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

71)

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

72)

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)

73)

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

According to the national and regional informants, since 2007, some of the key achievements in this area are; the political leaders' commitments were increased at national and regional level. For example, in some regions like Amhara, the regional government committed to cover the salary of the coordinating office staffs from the regional government budget to the district level. The political support was also reflected through council meetings (the council members have a regular meeting to review, monitor and evaluate the implementation of the HIV/AIDS programs at different level, and political leaders speak out the issue of HIV/AIDS at every public meeting). Overall, there is almost similar progress trends with respect to the efforts made on the political supports in relation to HIV and AIDS in 2009 compared to that of 2007.

74)

What are remaining challenges in this area:

The informants have also indicated that at lower level, there is a need to strengthen the political leaders' commitment to work closely with the stakeholders to mobilize the community to sustain the ongoing HIV/AIDS programs and to strengthen the community level programs (e.g. community conversation, community PMTCT programs, OVC and others)

Page 39

75)

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

76)

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)
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)
m. Males to get circumcised under medical supervision (0)
n. Know your HIV status (0)
o. Prevent mother-to-child transmission of HIV (0)

77)

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

78)

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)

79)

2.1 Is HIV education part of the curriculum in:

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

80)

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

Yes (0)

81)

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

Yes (0)

82)

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

83)

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

Page 43

84) **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".

STUDENTS DAILY LABORERS UNIFORMED PEOPLE TRUCK DRIVERS

Page 44

85)

Part A, III. PREVENTION

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

8 (8)

86)

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

Some of the key achievements gained due to the national level efforts in the implementation of HIV prevention programs are (1) the continuation of the millennium AIDS campaign on HIV counseling and testing and enrollment in ART as one approach for prevention, (2) the occurrence of the national prevention summit that gives more emphasis to the most at risk population through focused interventions, (3) the Health facilities (HCT, ART, and Care) coverage expansions, and (4) community conversations at various level. For example, we can take the Amhara region experience in to account, there was prioritization of prevention intervention for the identified most at risk populations, based on the Amhara MARPs Survey finding). Overall, there is an encouraging progress in the efforts in the implementation of HIV prevention services in 2009 compared to that of the 2007 and 2005.

87)

What are remaining challenges in this area:

There are some remaining challenges in the area of the HIV prevention program that need to be addressed by different strategies. Some of these are lack of standard definitions of MARPs, and lack of national level mapping and size estimation on MARPs for targeted interventions. Moreover, most civil society organizations have also pointed out that currently less attention is given for prevention activities both from government and development partners' side than before.

Page 45

88)

Part A, III. PREVENTION

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

Yes (0)

Page 46

89)

Part A, III. PREVENTION

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

The country has identified and determined the specific needs for HIV prevention programmes for both the general as well as most at risk populations at all levels through the national prevention summit, Joint review meetings, planning and partnership forums. The Surveillance, Surveys, public health evaluations and other small scale studies were also executed to identify the specific prevention needs of different population groups.

90)

4.1 To what extent has HIV prevention been implemented?

HIV prevention component	The majority of people in need have access
Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Don't agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	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	Agree
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	Agree
HIV prevention in the workplace	Agree
Other: please specify	

Page 47

91)

Part A, III. PREVENTION

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

8 (8)

92)

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

The community is mobilized through community conversation, forums, mass media and other mechanisms like school intervention program and others. And, thus, the utilization of the health services is improved such as HCT, PMTCT and ART. Condom distribution is by far increased from the past years in the last two years. Leadership commitment is also enhanced in. And, thus, significant amount of resources mobilized from donors and local governments. Special focused intervention strategies have been put into place for most at risk population and other high risk groups (e.g.; Amhara region etc.).

93)

What are remaining challenges in this area:

Access and quality gaps.

Page 48

94)

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

95)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1.1 IF YES, does it address barriers for women?

Yes (0)

96)

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

Yes (0)

97)

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

Yes (0)

Page 50

98)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

Globally, the beginning of ART provides a massive chance in terms of reducing morbidity and mortality due to AIDS. Since 2005 a rapid ART scale up is going on in Ethiopia with high emphasis given to service linkage between treatment, care and support. The free Art program was launched in July 2005. Despite the many challenges, ART Scale up has been expanded from only three health facilities in 2005 to 400 in 2008. The number of people ever started on ART has also shown an unprecedented increase during the same period from 900 in 2005 to 180447 by the end of December 2008 .

99)

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

	The majority of people in need have access

HIV treatment, care and support service	
Antiretroviral therapy	Agree
Nutritional care	Don't agree
Paediatric AIDS treatment	Don't agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Agree
Home-based care	Agree
Palliative care and treatment of common HIV-related infections	Agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	Agree
TB infection control in HIV treatment and care facilities	Agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Agree
HIV treatment services in the workplace or treatment referral systems through the workplace	Agree
HIV care and support in the workplace (including alternative working arrangements)	Agree
Other: please specify	

Page 51

100)

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)

101)

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

102)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

access through regional procurement and supply management mechanisms for critical commodities include ARVs, condoms, substitution drugs, testing kits, food supplements , training materials and etc.

Page 53

103)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

9 (9)

104)

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

In Ethiopia, an incredible scale up of the treatment, care and support services is documented. To facilitate the scale up of ART and effective implementation of the “Road Map II”, various guidelines, standard operating procedures and training manuals have been revised and their standardizations has been ensured. As part of an advocacy program on universal access to HIV/AIDS treatment by 2010, Ethiopia is already using task shifting to scale-up access to HIV/AIDS treatment and care. The transfer of health services responsibilities from higher to lower health care providers has contributed towards enabling more individuals to access life saving treatment especially for rural dwellers. Availability of supportive supervision and mentorship program which is introduced recently and functional in most regions of the country is one of the good lessons in addressing the quality of services being provided while implementing a task shifting strategy. The health network model has been a key instrument for the smooth transition of patients from hospitals to the health centers and sample transfer from health centers to hospitals and regional laboratories. Huge efforts have been made to avail diagnostic equipments. (e.g. CD4 machines in most health facilities). Moreover, the nutritional assessment and the early identification of PLWHAs on pre ART and ART have improved the access to nutritional services created. The Global Fund and PEPFAR technical and financial support was quoted by most of the stakeholders as additional achievements of 2009 for treatment, care and support programs in Ethiopia. And, thus, the HCT has been promoted well and uptake increased significantly, HIV care and treatment site expansion has continued and enrollments to both care and treatment have also increased significantly. And, currently at all levels, attention is given to improve access, service quality and adherence rates with the support of all the potential stakeholders.

105)

What are remaining challenges in this area:

It is observed from various sources (annual review meetings’ proceedings, annual M&E report and relevant informants) that the following are the major challenges in the area of treatment services that need to be addressed in order to achieve the universal access; Low coverage of pediatric treatment, shortage of human resources for health, high level of patients lost to follow up from HIV care and treatment Getting resources for nutritional assistance is still a challenge. Hence addressing nutritional assistance needs in the emerging regions had been difficult. Low attention was given to low HIV prevalence rural/remote areas of the country which tended to gives rise to the spread of HIV from urban to rural areas High turnover of professionals in the service delivery sites basically due to current economic crises & inflation

Page 54

106)

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?

No (0)

Page 57

107)

Part A, Section V: MONITORING AND EVALUATION

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

In progress (0)

Page 64

108)

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

Yes (0)

Page 65

109)

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:

The M&E assessment was done in 2009 using the M&E Assessment Tool developed by the MERG and consisting of 12 components structured as checklists to comprehensively assess the policy, programme and project capacity to collect, analyze, use and report accurate, valuable and high quality M&E data.

110)

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

Yes (0)

Page 66

111)

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

in the National AIDS Commission (or equivalent)? Yes
in the Ministry of Health?
Elsewhere? (please specify)

112) **Number of permanent staff:**

Please enter an integer greater than or equal to 0

12

113) **Number of temporary staff:**

Please enter an integer greater than or equal to 0

2

Page 67

114)

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	M&E Director	Full time	2006
Permanent staff 2	M&E Officer	Full time	2006
Permanent staff 3	M&E Officer	Full time	2006
Permanent staff 4	M&E Officer	Full time	2006
Permanent staff 5	M&E Officer	Full time	2006
Permanent staff 6	M&E Officer	Full time	2006
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			

115)

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	M&E Officer	Full time	2009
Temporary staff 2	M&E Officer	Full time	2009
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			

Page 68

116)

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 69

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

Question 5.3 (continued)
IF YES, briefly describe the data-sharing mechanisms:

The compiled data is shared through posting at the national HIV prevention and control office web sites and it also shared at the periodical review meetings.

118)

What are the major challenges?

Some partners are not sending their report on time

Page 70

119)

Part A, Section V: MONITORING AND EVALUATION

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

Yes, meets regularly (0)

120)

6.1 Does it include representation from civil society?

Yes (0)

Page 71

121) **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:

Faith based Organization. This advisory committee includes representation from different

stakeholders; Governmental organizations, civil society organizations, Faith based organizations, Network of people living with HIV, Professional associations and other relevant bilateral and multilateral organizations, Network of people living with HIV, NGOs, Professional associations

122)

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

No (0)

Page 73

123)

7.3 Is there a functional* Health Information System?

At national level	Yes
At subnational level	Yes

Page 74

124) **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)?

Health facility Level

125)

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

Yes (0)

126)

9. To what extent are M&E data used

9.1 in developing / revising the national AIDS strategy?:

4 (4)

127)

Provide a specific example:

The M&E data are used by all the stakeholders for evidence based planning and decision making activities (i.e., for the revising of the national strategy, for budget allocation and for programme improvement). For instance, recently the SPMII is revised based on the evidences obtained from

the M&E reports and routine program monitoring data are highly being used for making corrective measures. Recently the SPMII or five year strategic planning is developed based on the evidences obtained at the M&E reports.

128)

What are the main challenges, if any?

Absence of recent sero-Survey results (Surveillance, Population based surveys and survey findings among high risk groups)

Page 75

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

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

3 (3)

130)

Provide a specific example:

Budget is allocated based on the projection and estimation of positive population of particular regions using the data obtained from the M&E or surveillance reports

Page 76

131)

Part A, Section V: MONITORING AND EVALUATION

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

4 (4)

132)

Provide a specific example:

Routine program monitoring data highly being used for making corrective measures

133)

What are the main challenges, if any?

Lack of standard definitions for some indicators and/ or harmonization of indicators can also be considered as one of key challenges.

Page 77

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

10. Is there a plan for increasing human capacity in M&E at national, subnational and service-delivery levels?:

Yes, but only addressing some levels (0)

Page 78

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

For Question 10, you have checked "Yes, but only addressing some levels", please specify

at national level (0)
at subnational level (0)

136)

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 79

137) **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

30

Page 80

138)

Part A, Section V: MONITORING AND EVALUATION

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

Yes (0)

Page 81

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

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

In the past two years, several M&E related capacity-building activities were conducted at national, regional and service delivery sites levels. Recently in Ethiopia, in order to build the capacity of the M&E staffs, the government of Ethiopia in collaboration with PEPFAR Ethiopia and the local universities, has been implementing a masters level graduate program in the area of Health monitoring and evaluation, FELTP and Biostatistics. Moreover, regional level M&E training were held in most parts of the country by the federal government concerned bodies (FHAPCO ,

FMOH/PPFD , EHNRI and regional HAPCOs) on M&E need assessment, Planning, monitoring and evaluation strategies, HMIS , and HIV Surveillance (ANC based HIV surveillance, TB/HIV surveillance, STI surveillance and so on).

Page 82

140) **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?

8 (8)

141)

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

The 2010 NCPI informants were asked to indicate the key achievements observed in the area of M&E since 2007. And, therefore, the following are some of the key achievements observed by the informants and documented at the FHAPCO as a progress improvement report in the area of the national M&E: The development & distribution of the Annual national performance report of 2008/9 at the 12th national NAC. The preparation and dissemination of the multi-sectoral HIV/AIDS M&E Annual English report (2008/9). The implementation of the Annual (2008/9) and bi-annual Joint review meetings in Bahirdar and Awassa respectively. And, accordingly, the review meeting proceedings were prepared and distributed to the potential stakeholders. The execution of the SPMI (2004 – 2008) evaluation and the dissemination of this evaluation report to all stakeholders for evidence based planning and decision making activities. The development of SPMII (2010 – 2014,) and national surveillance and survey strategy documents can also be considered as one of the key achievements. The development of the national M&E framework and costed five year plans, jointly with the civil societies and other multilateral and bi-lateral funding agencies. There is an encouraging plan to rollout the HMIS in all regional health facilities. Moreover, the government has also initiated the non – ANC based surveillance (TB/HIV, STI, MARPs and so on), as part of the second generation surveillance system. The implementation of the regular strategic information TWG meetings (i.e., national M&E advisory committee, national surveillance and survey TWG, national HMIS advisory group and national DHS TWG) with the involvement of the major relevant stakeholders. The major partners have been sharing their data/report with key stakeholders (FMOH/HAPCO, EHNRI, UNAIDS, WHO, PEPFAR) to reconcile and reach consensus on a single national value for each indicators as part of the three one principles.

142)

What are remaining challenges in this area:

To strengthen the national HIV/AIDS M&E system, the informants have also indicated the followings as some of the challenges that need to be improved by collaborative efforts; Shortage of skilled M&E human resources at all levels to meet the M&E mandate. Lack of clear coordination mechanism between different concerned government bodies (FHAPCO, EHNRI, CSA and FMOH/PPD) to execute different surveys, surveillances and other small scale program evaluation activities as well as to develop system for dissemination and discussion of research and evaluation. Lack of clear roles and responsibilities, indicator definitions, reporting formats, reporting schedules and data quality assurance mechanism for federal, regional and woreda levels. Lack of national central database for both the health and non-health indicators that interface with the regions that need to be easily accessible by all potential stakeholders at all levels. Lack of harmonization and alignment of indicators and data collection instruments for the major programmes that includes OVC, condom promotion and distribution, social mobilization. Lack of

standard guidelines for supportive supervision and data auditing for regular data verification during the joint supportive supervision missions.

Page 83

143)

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.)

Yes (0)

Page 84

144)

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:

In Ethiopia, mandatory HIV testing for employment is strictly prohibited in the country's Labor law (Labor Proclamation No. 262/2001 and 377/2003 Article 14.1 d). Additionally, the Civil Service Workplace HIV/AIDS Guideline of the country has also protects People living with HIV from discrimination by employers.

145)

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

146)

Part B, Section I. HUMAN RIGHTS

2.1 *IF YES,* for which subpopulations?

a. Women	Yes
b. Young people	Yes
c. Injecting drug users	No
d. Men who have sex with men	No
e. Sex Workers	Yes

f. prison inmates	Yes
g. Migrants/mobile populations	No
Other: Please specify	

147)

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

The national Monitoring and evaluation framework has a mechanism to ensure the implementation of these laws and regulations. As a result, some governmental sectors and NGOs have been strongly working for the implementation of these laws and regulations (e.g. Ethiopian Human rights Commission, Federal Ministry of Labor and Social Affairs, Federal Ministry of women Affairs, Ethiopian women lawyers Association, Women Coalition, Women PLHIV network and others).

148)

Briefly describe the content of these laws:

□Gender based violence □Family law □Youth Package

149)

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

□Moderate level

Page 86

150)

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?

No (0)

Page 88

151) **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

152)

Part B, Section I. HUMAN RIGHTS

Question 4 (continued)

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

The promotion and protection of human rights of people infected and affected by HIV is explicitly mentioned In Ethiopian HIV/AIDS policy (1998 ART. 8). It is also explicitly called for in FHAPCO SPMI (2004 – 2008) and SPMII (2010 -2014).

153)

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

No (0)

Page 90

154)

6. Has the Government, through political and fi nancial support, involved people living with HIV, most-at-risk populations and/or other vulnerable subpopulations in governmental HIV-policy design and programme implementation?

Yes (0)

Page 91

155)

Part B, Section I. HUMAN RIGHTS

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

There has been an effort to involve particularly associations of PLWA, women group, worker associations, youth associations and organizations working on OVC Moreover, at woreda level HIV/AIDS planning and implementation meetings: CBOs, FBOs, private sector and local NGOs as well as in school and out of school anti AIDS clubs are also involved. The Most at risk populations and PLHIV always get a space and a resource for their engagement during the formulation and development process of HIV/AIDS related policy, guidelines, strategic plan documents as well as well as other HIV/AIDS related materials

156)

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

157)

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:

Capacity strengthening of service providers, construction/upgrading of health service outlets to increase access, standardization of services Resource mobilization at international, national and local level. And, community mobilization at different level. Thus, there have been some encouraging progresses, such as the scaling up of ART services down to the health center level.

158)

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

159)

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)

160)

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

161)

Part B, Section I. HUMAN RIGHTS

Question 9 (continued)
IF YES, briefly describe the content of this policy:

The policy includes the right to have HIV/AIDS information, the right to have counseling and testing, treatment, care and support

162)

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

163)

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:

Special intervention strategies are in place to ensure equal access for different sub-population groups such as mobile HCT and condom distribution services, community conversation among different community groups like for taxi drivers, sex workers and youth. The strategy addresses targeted intervention to MARPs

164)

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

Yes (0)

165)

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

166)

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)

Page 97

167)

– 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)

168)

– 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

Yes (0)

169)

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

No (0)

Page 99

170)

Part B, Section I. HUMAN RIGHTS

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

Yes (0)

171)

– Legal aid systems for HIV casework

Yes (0)

172)

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

Yes (0)

173)

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

Yes (0)

174)

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

Yes (0)

Page 100

175)

Part B, Section I. HUMAN RIGHTS

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

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

Page 101

176)

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?

8 (8)

177)

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

Incorporating of the human rights issues in the SPMII while the national AIDS plan developed. The training on human rights related issues given for different population groups, both for the implementers and decision making bodies. As a result, the understanding of people increased on human rights issues in HIV plans and programs. The Confederation of Ethiopian Trade Unions (CETU), Ministry of Agriculture and Rural Development, Education Ministry and Ministry of Transport and Communications have developed workplace AIDS policies. Thus, discrimination and stigma has been reduced and PLHIV are getting empowered to fight against their rights.

178)

What are remaining challenges in this area:

Some of the remaining challenges that need to be improved in this area are; the level of commitment at lower level to ensure an adequate integration of human right issues in the design and implementation of HIV/AIDS plans and programs, and the poor monitoring and evaluation system in place to ensure the implementation of human rights related HIV/AIDS programs at different level. Moreover, there is lack of technical and financial support for partners' engagement on rights advocacy related to HIV/AIDS.

Page 102

179)

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?

8 (8)

180)

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

Overall, there is some progress in drafting specific HIV/AIDS related legislation and revising the HIV policy to promote and protect human rights in relation to HIV/AIDS in 2009 compared to the past reporting periods. Moreover, there are some encouraging achievements to enforce the existing policies, laws and regulations. Overall, there is some progress in drafting specific HIV/AIDS related legislation and revising the HIV policy to promote and protect human rights in relation to HIV/AIDS in 2009 compared to the past reporting periods. Moreover, there are some encouraging achievements to enforce the existing policies, laws and regulations.

181)

What are remaining challenges in this area:

The policies, laws and regulations are not up-to-date and popularized to address the current policy gaps arise through time to all stakeholders and even at community level.

Page 103

182)

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)

183)

Comments and examples:

Currently, some of the civil society played a front line role in the fight against HIV/AIDS, thereby demanding the top leaders by their commendable activities. CSOs established youth centers and youth anti-AIDS clubs as youth friendly prevention approaches to reach youth with HIV/AIDS information. The CSOs sectors have limited access to follow and advocate for effective implementation and management of universal commitments and declarations. However, they participated in different meetings and planning workshops, like FHAPCO SPM development

Page 104

184)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

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

4 (4)

185)

Comments and examples:

Their involvement has been strengthened on planning, monitoring and evaluation of HIV/AIDS activities at national level. However, at regional level this varies. In general, the civil society representatives are invited to important HAPCO meetings and they usually use this opportunity to air their views through their forum representatives to different level decision makers. However, this needs to be strengthened further to include more of these organizations.

Page 105

186)

a. the national AIDS strategy?

4 (4)

187)

b. the national AIDS budget?

3 (3)

188)

c. national AIDS reports?

2 (2)

189)

Comments and examples:

The extent to which the CS inputs is reflect in the national plans and reports was assessed as part of the SPM review process and it was found to be insufficient. The assessment result also revealed that most activities and resources committed for HIV/AIDS program by the CSOs is not clearly reported and reflected in the national reports.

Page 106

190)

a. developing the national M&E plan?

3 (3)

191)

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

3 (3)

192)

c. M&E efforts at local level?

3 (3)

193)

Comments and examples:

The CSOs involvement in the whole process of planning, monitoring and evaluation of HIV/AIDS responses at different level are improving from year to year. However, most of them have limited human and financial resources to be fully engaged on the whole processes. The civil society is involved in the monitoring and evaluation of the national as well as the regional level responses through various mechanisms. They are also invited for the annual and other important review meetings where key issues are raised as one of the mechanism to monitor and evaluate the HIV/AIDS responses at different levels. At the local level, today, the CBOs and FBOs are playing key roles through community conversations using different social gatherings like IDIRS.

Page 107

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

5. To what extent is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. networks of people living with HIV, organizations of sex workers, faith-based organizations)?

4 (4)

195)

Comments and examples:

The current CS networks are also not diverse themselves as they are expected for instance there is no network for sex worker). There is still a need to strengthen the capacity of the CSOs who are working in the area of HIV/AIDS to full represent the CS effectively in the fight against HIV/AIDS. However; those that exist have been given the opportunity to contribute the expected inputs in the planning, monitoring and evaluation processes at different levels. But, there is a progress documented by the CSOs that the Civic societies are contributing in the fight against HIV/AIDS through their prevention and Care & Support Interventions. There is also a progress that networks of PLHIV, organizations of CSWs, FBOs and other CBOs are currently fully represented.

Page 108

196)

a. adequate financial support to implement its HIV activities?

3 (3)

197)

b. adequate technical support to implement its HIV activities?

3 (3)

198)

Comments and examples:

CS member's access to information on sources and modalities of financial support is adequate. But, most respondents believe that they have been accessing a relatively better level of technical

support, mainly in terms of training.

Page 109

199) **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	
- Men who have sex with men	
- Sexworkers	51-75%
Testing and Counselling	<25%
Reduction of Stigma and Discrimination	51-75%
Clinical services (ART/OI)*	<25%
Home-based care	51-75%
Programmes for OVC**	51-75%

Page 110

200)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

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

7 (7)

201)

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

Since 2007, the overall efforts to increase the civil society participation in the national AIDS strategy, national AIDS budget allocation, and national AIDS reporting and programming have been improved. CSOs believed that overall they are well represented and they make a significant input to political commitment and policy formulation. However, nearly all felt they were under-funded and complained of inadequate technical support. As a result of this, the civil society has made considerable achievements over the past two years in the fight against HIV/AIDS; more and more PLHIV association has been strengthened and now they are in everywhere to fight against HIV in collaboration with other stakeholders. Moreover, the faith based organizations have also come to the forefront. And, thus, both of them won the Global Fund award (principal recipient of GF R7) which boosted the image and involvement of CS in the AIDS response. Most of the informants hoped that both awardees will use this opportunity to build their capacity to deliver services and have a breakthrough in the fight against HIV/AIDS. Some NGOs have also become well known and more active in the fight against HIV/AIDS program like NEP+, EIFDDA, and OSSA are good examples among the indigenous civil societies currently working in all regions of the country.

202)

What are remaining challenges in this area:

Lack of recognition and reflection of the role and contribution of the CS in the plan, budget and report of the national AIDS response Less technical and capacity building support plan from the development and government side. In general, the civil society organizations have believed that a lot need to be done to increase their participation in the joint plan, monitoring and reporting of the national HIV/AIDS responses. Thus, the development partners and hosting government concerned offices need to increase their technical and capacity building support plan to the civil society.

Page 111

203)

Part B, Section III: PREVENTION

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

Yes (0)

Page 112

204)

Part B, Section III: PREVENTION

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

Through programmatic feed-backs and analysis of the sero-surveillance and other behavioral survey results. And, therefore, now the government gives more emphasis for Scaling up of the Prevention program to reduce the new infection rates of both the general and high risk population groups.

205)

1.1 To what extent has HIV prevention been implemented?

	The majority of people in need have access
HIV prevention component	
Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Don't agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	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	N/A
Risk reduction for sex workers	Agree
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	Agree

HIV prevention in the workplace	Agree
Other: please specify	

Page 113

206)

Part B, Section III: PREVENTION

Question 1.1 (continued)
Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?

7 (7)

207)

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

Through millennium AIDS campaign, there was a massive work on HIV counseling and testing as one approach for prevention The national prevention summit has also changed the prevention strategy from focusing from general to most at risk populations without forgetting the general population prevention strategies. Thus, now, Consensus reached to address MARPs through focused programs The expansion of the Health Services(HCT,ART,Care) Site/coverage expansions and community conversations at different level

208)

What are remaining challenges in this area:

Defining, mapping, estimating the size of MARPs Limited target based interventions on MARPs Less attention was given for prevention activities both from government and donors side

Page 114

209)

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

210)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

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

The needs were determined when the multisectoral plan of action for the universal access to HIV prevention, treatment, care and support was designed. Participatory needs assessment and planning process was under taken. Specific needs were determined based on accelerated access to HIV/AIDS prevention, care and treatment in Ethiopia –(Road Map 2007 – 2010) based on the

national single point estimates and National quantification exercises done by the national treatment TWG A single-point HIV prevalence estimate was agreed to be used as for immediate planning and management purposes, as Ethiopia finalizes its plans to launch the National HIV/AIDS Road Map for Universal Access spanning 2007 to 2010

211)

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

	The majority of people in need have access
HIV treatment, care and support service	
Antiretroviral therapy	Agree
Nutritional care	Don't agree
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Agree
Home-based care	Agree
Palliative care and treatment of common HIV-related infections	Agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	Agree
TB infection control in HIV treatment and care facilities	Agree
Cotrimoxazole prophylaxis in HIV-infected people	Don't 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	

Page 116

212)

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?

8 (8)

213)

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

There had been an overall scale up of all treatment, care and support services. On nutrition support national nutrition strategy was put in place by the MOH. National nutrition implementation guidelines are issued to standardize services. The nutritional assessment and the early

identification of PLWHAs on pre ART and ART have improved and access to nutritional services created. The technical support from Global fund and PEPFAR could be cited as additional achievements of 2009 for treatment, care and support. And, therefore, the HCT has been promoted well and uptake increased significantly, HIV care and treatment site expansion has continued and enrollments to both care and treatment have also increased significantly. And currently at all levels attention is given to adherence rate growth. With support of different stakeholders, Community Home-Based Care (CHBC) networks comprised of CSOs were established in different regions to improve access and service quality.

214)

What are remaining challenges in this area:

Low coverage of pediatric treatment, shortage of human resources for health, high level of patients lost to follow up from HIV care and treatment Getting resources for nutritional assistance is still a challenge. Hence addressing nutritional assistance needs in the emerging regions had been difficult. Linking of PLWHAs to sustainable livelihood initiatives after PLWHAs are nutritionally well is also a challenge. Low access to OI, nutritional support, Palliative care centers and resources Low attention was given to low HIV prevalence rural/remote areas of the country which tended to gives rise to the spread of HIV from urban to rural areas Limited government sector capacity in implementing planned activities& resource absorption, coordination and networking High turnover of professionals in the government sectors basically due to current economic crises & inflation

Page 117

215)

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)