NCPI Header

is indicator/topic relevant?: Yes
is data available?: Yes
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From date: 01/01/2013
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Additional information related to entered data. e.g. reference to primary data source, methodological concerns:
Data related to this topic which does not fit into the indicator cells. Please specify methodology and reference to primary data source:
Data measurement tool / source: GARPR

Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any: Jose Antonio Mendes dos Reis
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Describe the process used for NCPI data gathering and validation: l'exercice a été annoncé. les directives et des orientations ont été expliquer et partagés. la definition de comment collecter les données. Pour le remplissage et validation des données des reunions partielles ont été organisées / secteur publique et secteur de la societe civile.

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

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

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

<table>
<thead>
<tr>
<th>Organization</th>
<th>Names/Positions</th>
<th>Respondents to Part A</th>
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<tr>
<td>CCS-SIDA</td>
<td>Jose Antonio Mendes dos Reis</td>
<td>A1,A2,A3,A4,A5,A6</td>
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NCPI - PART B [to be administered to civil society organizations, bilateral agencies, and UN organizations]

<table>
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<tr>
<td>UNFPA</td>
<td>Ana Paula Maximiano</td>
<td>B1,B2,B3,B4,B5</td>
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A.I Strategic plan

1. Has the country developed a national multisectoral strategy to respond to HIV?: Yes
IF YES, what is the period covered: 2011 au 2015

IF YES, briefly describe key developments/modifications between the current national strategy and the prior one. IF NO or NOT APPLICABLE, briefly explain why.: Le changement de stratégie est le résultat de l’étude qui a été menée sur deux populations clés en 2011: les travailleurs du sexe et les consommateurs de drogues dont le taux de prévalence s’élève à 5,3% et 3,6% respectivement. L’épidémiologie du VIH dans le pays est passé d’une faible prévalence de l’épidémie concentrée.

IF YES, complete questions 1.1 through 1.10; IF NO, go to question 2.

1.1. Which government ministries or agencies have overall responsibility for the development and implementation of the national multi-sectoral strategy to respond to HIV?: Comité de Coordination du Combat à SIDA - (CCS/SIDA) - Primature du gouvernement

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

Education:

Included in Strategy: Yes

Earmarked Budget: No

Health:

Included in Strategy: Yes

Earmarked Budget: Yes

Labour:

Included in Strategy: No

Earmarked Budget: No

Military/Police:

Included in Strategy: Yes

Earmarked Budget: No

Social Welfare:

Included in Strategy: Yes

Earmarked Budget: No

Transportation:

Included in Strategy: Yes

Earmarked Budget: No
Women:

Included in Strategy: Yes

Earmarked Budget: No

Young People:

Included in Strategy: Yes

Earmarked Budget: No

Other: enfants en situation de la vulnérabilité

Included in Strategy: Yes

Earmarked Budget: No

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?

1.3. Does the multisectoral strategy address the following key populations/other vulnerable populations, settings and cross-cutting issues?

KEY POPULATIONS AND OTHER VULNERABLE POPULATIONS:

Discordant couples: No

Elderly persons: No

Men who have sex with men: Yes

Migrants/mobile populations: Yes

Orphans and other vulnerable children: Yes

People with disabilities: No

People who inject drugs: No

Sex workers: Yes

Transgender people: No

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations: No

SETTINGS:
Prisons: Yes
Schools: Yes
Workplace: No

CROSS-CUTTING ISSUES:

Addressing stigma and discrimination: Yes
Gender empowerment and/or gender equality: Yes
HIV and poverty: Yes
Human rights protection: Yes
Involvement of people living with HIV: Yes

IF NO, explain how key populations were identified?

1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country?

People living with HIV: Yes
Men who have sex with men: Yes
Migrants/mobile populations: Yes
Orphans and other vulnerable children: Yes
People with disabilities: No
People who inject drugs: No
Prison inmates: Yes
Sex workers: Yes
Transgender people: No
Women and girls: Yes
Young women/young men: Yes

Other specific key populations/vulnerable subpopulations [write in]:

: No

1.5 Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?: Yes
1.6. Does the multisectoral strategy include an operational plan?: Yes

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 implementation?: Yes
   e) A monitoring and evaluation framework?: Yes

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

   IF ACTIVE INVOLVEMENT, briefly explain how this was organised.: La société civile est fortement impliquée dans la mise en œuvre de la stratégie multisectorielle avec leurs représentants siégeant dans les structures de coordination. À ces structures sont représentées secteurs tels que les femmes, les jeunes, les organismes religieux, les organisations de populations touchées, le secteur privé.

   IF NO or MODERATE INVOLVEMENT, briefly explain why this was the case.: 

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

1.10. Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?: Yes, some partners

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

2.1. Has the country integrated HIV in the following specific development plans?

   SPECIFIC DEVELOPMENT PLANS:

   Common Country Assessment/UN Development Assistance Framework: Yes
   National Development Plan: Yes
   Poverty Reduction Strategy: Yes
   National Social Protection Strategic Plan: N/A
   Sector-wide approach: N/A
   Other [write in]:

   2.2. IF YES, are the following specific HIV-related areas included in one or more of the development plans?
HIV-RELATED AREA INCLUDED IN PLAN(S):

Elimination of punitive laws: Yes

HIV impact alleviation (including palliative care for adults and children): 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

Treatment, care, and support (including social protection or other schemes): Yes

Women’s economic empowerment (e.g. access to credit, access to land, training): N/A

Other [write in]:

3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?: No

3.1. IF YES, on a scale of 0 to 5 (where 0 is “Low” and 5 is “High”), to what extent has the evaluation informed resource allocation decisions?:

4. Does the country have a plan to strengthen health systems?: Yes

Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications and children: 1) Formation et le renforcement des capacités du personnel de santé; 2) Augmentation des achats de produits de santé; 3) Introduction de logiciels pour améliorer les soins aux patients dans le traitement; 4) Introduction de logiciel pour améliorer la gestion des stocks de produits de santé.

5. Are health facilities providing HIV services integrated with other health services?

a) HIV Counselling & Testing with Sexual & Reproductive Health: Many

b) HIV Counselling & Testing and Tuberculosis: Many

c) HIV Counselling & Testing and general outpatient care: Few

d) HIV Counselling & Testing and chronic Non-Communicable Diseases: Few

e) ART and Tuberculosis: Few

f) ART and general outpatient care: Few

g) ART and chronic Non-Communicable Diseases: Few

h) PMTCT with Antenatal Care/Maternal & Child Health: Many

i) Other comments on HIV integration: :
6. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate strategy planning efforts in your country’s HIV programmes in 2013?: 8

Since 2011, what have been key achievements in this area: la recherche pour améliorer la connaissance sur les populations clés en VIH comme les hommes ayant le sexe avec des hommes, travailleurs du sexe et les consommateurs de drogues et pour permettre focaliser les actions pour rendre la réponse national plus efficaces

What challenges remain in this area: La plus grande difficulté, qui peut être identifié est l’absence d’une culture de planification et de suivi en particulier au niveau micro. Une autre difficulté concerne les faiblesses institutionnelles de nombreuses organisations, une situation qui reflète dans la production de données fiables et dans la qualité des interventions.

A.II Political support and leadership

1. Do the following high officials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year?

   A. Government ministers: Yes

   B. Other high officials at sub-national level: Yes

1.1. In the last 12 months, have the head of government or other high officials taken action that demonstrated leadership in the response to HIV?: Yes

   Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership: Le Premiere Ministre de la Republique, le President de l’Assemblee Nationale, aussi comme les autres membres de Gouvernement ont participé dans les evenement sur la journé mondial de lute contre le SIDA, dans la campagne de la divulgation de la loi VIH et autre evenements.

2. Does the country have an officially recognized national multisectoral HIV coordination body (i.e., a National HIV Council or equivalent)?: Yes

   IF NO, briefly explain why not and how HIV programmes are being managed:

2.1. IF YES, does the national multisectoral HIV coordination body:

   Have terms of reference?: Yes

   Have active government leadership and participation?: Yes

   Have an official chair person?: Yes

   IF YES, what is his/her name and position title?: Jose Maria Pereira Neves , Premier Ministre de la Republique de Cabo Verde

   Have a defined membership?: Yes

   IF YES, how many members?: 25

   Include civil society representatives?: Yes

   IF YES, how many?: 6

   Include people living with HIV?: Yes
IF YES, how many?: 2

Include the private sector?: Yes

Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?: Yes

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

IF YES, briefly describe the main achievements: Au Cabo Verde la Plateforme des ONG a un rôle d'interagir avec les différents acteurs en matière de VIH.

What challenges remain in this area:

4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?:

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

Capacity-building: Yes

Coordination with other implementing partners: Yes

Information on priority needs: Yes

Procurement and distribution of medications or other supplies: Yes

Technical guidance: Yes

Other [write in]:

: No

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

6.1. IF YES, were policies and laws amended to be consistent with the National HIV Control policies?: No

IF YES, name and describe how the policies / laws were amended: les ONG qu'interviennent dans le contrôle liées au VIH qui ne sont pas nombreux, adoptent les orientations du Ministère de la Santé.

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

7. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the political support for the HIV programme in 2013?: 6

Since 2011, what have been key achievements in this area: quelques ONG ont eu une renforcement de capacité pour l'intervention auprès de PVVIH avec le soutien psychosocial, soutien socio-économique, aussi dans le cadre de la stratégie de proximité au sein des populations clés comme les usagers des drogues, les travailleurs de sexe.
What challenges remain in this area: les ressources humaines, matériels et financiers

A. III Human rights

1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable groups? Select yes if the policy specifies any of the following key populations and vulnerable groups:

People living with HIV: Yes
Men who have sex with men: Yes
Migrants/mobile populations: Yes
Orphans and other vulnerable children: Yes
People with disabilities: Yes
People who inject drugs: Yes
Prison inmates: Yes
Sex workers: Yes
Transgender people: Yes
Women and girls: Yes
Young women/young men: Yes

Other specific vulnerable subpopulations [write in]: No

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?: Yes

IF YES to Question 1.1. or 1.2., briefly describe the content of the laws:

La Constitution de la République garantit l'égalité des droits des citoyens, sans distinction d'origine, l'âge, le sexe, la croyance religieuse, le statut social; Le Cap-Vert a signé la Convention des Droits de l'Homme et des Peuples, y compris la Déclaration des droits de l'homme. Un plan d'action pour les droits humains est mis en œuvre dans le pays et coordonné par la Commission nationale des droits de l'homme.

Briefly explain what mechanisms are in place to ensure these laws are implemented:
La Commission nationale des droits de l'homme est l'entité qui supervisionne l'application de la loi

Briefly comment on the degree to which they are currently implemented: Il y a pas de violation grave des droits des personnes, malgré certains aspects des lois ne sont pas respectés,

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and vulnerable groups?: No

IF YES, for which key populations and vulnerable groups?:


People living with HIV: No
Elderly persons: No
Men who have sex with men: No
Migrants/mobile populations: No
Orphans and other vulnerable children: No
People with disabilities: No
People who inject drugs: No
Prison inmates: No
Sex workers: No
Transgender people: No
Women and girls: No
Young women/young men: No
Other specific vulnerable populations [write in]:

Briefly describe the content of these laws, regulations or policies:

Briefly comment on how they pose barriers:

A. IV Prevention

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

IF YES, what key messages are explicitly promoted?:

Delay sexual debut: Yes
Engage in safe(r) sex: Yes
Fight against violence against women: Yes
Greater acceptance and involvement of people living with HIV: Yes
Greater involvement of men in reproductive health programmes: Yes
Know your HIV status: Yes
Males to get circumcised under medical supervision: No

Prevent mother-to-child transmission of HIV: Yes

Promote greater equality between men and women: Yes

Reduce the number of sexual partners: Yes

Use clean needles and syringes: No

Use condoms consistently: No

Other [write in]: No

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

2. Does the country have a policy or strategy to promote life-skills based HIV education for young people?: Yes

2.1. Is HIV education part of the curriculum in:

Primary schools?: No

Secondary schools?: Yes

Teacher training?: Yes

2.2. Does the strategy include

a) age-appropriate sexual and reproductive health elements?: Yes

b) gender-sensitive sexual and reproductive health elements?: Yes

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

3. Does the country have a policy or strategy to promote information, education and communi-cation and other preventive health interventions for key or other vulnerable sub-populations?: Yes

Briefly describe the content of this policy or strategy: L’IEC pour la population vulnerable / enfants et adolescents de la rue, prisoniers, immigants. Les contenus VIH sont dirigés par des Animateurs entrainés qui font des sessions de proximité, travers des relations interpersonnelles.

3.1. IF YES, which populations and what elements of HIV prevention does the policy/strategy address?

People who inject drugs:

Men who have sex with men: Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education, Vulnerability reduction (e.g. income generation)
Sex workers: Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education, Vulnerability reduction (e.g. income generation)

Customers of sex workers:

Prison inmates: Condom promotion, HIV testing and counseling, Targeted information on risk reduction and HIV education

Other populations [write in]: migrants

: Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Targeted information on risk reduction and HIV education, Vulnerability reduction (e.g. income generation)

3.2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate policy efforts in support of HIV prevention in 2013?: 8

Since 2011, what have been key achievements in this area: Promotion de campagne à la radio et à la télévision pour prévenir la transmission du VIH de la mère à l’enfant; Campagne auprès de la population visant leur mobilisation pour réalisation des tests du VIH;

What challenges remain in this area: Nous avons besoin de plus ressources alloués à cette composante

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

IF YES, how were these specific needs determined?: À partir des résultats des études réalisés nous connaissons maintenant notre besoins pour les programmes de prévention

IF YES, what are these specific needs?: Financière

4.1. To what extent has HIV prevention been implemented?

The majority of people in need have access to....:

Blood safety: Agree

Condom promotion: Agree

Economic support e.g. cash transfers: Agree

Harm reduction for people who inject drugs: N/A

HIV prevention for out-of-school young people: Agree

HIV prevention in the workplace: N/A

HIV testing and counseling: Agree

IEC on risk reduction: Agree

IEC on stigma and discrimination reduction: Agree

Prevention of mother-to-child transmission of HIV: Agree
Prevention for people living with HIV: Agree

Reproductive health services including sexually transmitted infections prevention and treatment: Agree

Risk reduction for intimate partners of key populations: N/A

Risk reduction for men who have sex with men: Agree

Risk reduction for sex workers: Agree

Reduction of gender based violence: Agree

School-based HIV education for young people: Agree

Treatment as prevention: N/A

Universal precautions in health care settings: Agree

Other [write in]:

5. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in implementation of HIV prevention programmes in 2013?: 8

A.V Treatment, care and support

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?: Yes

If YES, Briefly identify the elements and what has been prioritized: le service de traitement et suivi des PVVIH est structuré en 2 poles regionaux de traitement incluant des specialistes et points focaux pour le laboratoire, soins pediatriques, traitements adultes et traitement femmes enceints, pharmacie.

Briefly identify how HIV treatment, care and support services are being scaled-up?

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

The majority of people in need have access to:

Antiretroviral therapy: Agree

ART for TB patients: Agree

Cotrimoxazole prophylaxis in people living with HIV: Agree

Early infant diagnosis: Agree

Economic support: Agree

Family based care and support: Agree
HIV care and support in the workplace (including alternative working arrangements): Agree

HIV testing and counselling for people with TB: Agree

HIV treatment services in the workplace or treatment referral systems through the workplace: Agree

Nutritional care: Agree

Paediatric AIDS treatment: Agree

Palliative care for children and adults: Agree

Post-delivery ART provision to women: Agree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault): Agree

Post-exposure prophylaxis for occupational exposures to HIV:

Psychosocial support for people living with HIV and their families:

Sexually transmitted infection management:

TB infection control in HIV treatment and care facilities: Agree

TB preventive therapy for people living with HIV: Agree

TB screening for people living with HIV:

Treatment of common HIV-related infections:

Other [write in]:

2. Does the government have a policy or strategy in place to provide social and economic support to people infected/affected by HIV?: No

Please clarify which social and economic support is provided:

3. Does the country have a policy or strategy for developing/using generic medications or parallel importing of medications for HIV?: No

4. Does the country have access to regional procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy medications, condoms, and substitution medications?: IF YES, for which commodities?

5. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2013?: 8

Since 2011, what have been key achievements in this area?: Décentralisation de prise en charge
What challenges remain in this area: La reduction des cas perdu de vue

6. Does the country have a policy or strategy to address the needs of orphans and other vulnerable children?:

6.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?: Yes

6.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?: No

7. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2013?: 7

Since 2011, what have been key achievements in this area: sans changement

What challenges remain in this area: atteindre tous les cas avec besoin des soins

A.VI Monitoring and evaluation

1. Does the country have one national Monitoring and Evaluation (M&E) plan for HIV?: Yes

Briefly describe any challenges in development or implementation:

1.1. IF YES, years covered: 2011-2015

1.2. IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?: Yes, some partners

Briefly describe what the issues are: le retard dans la sousmissions des donnéés; la manque de completude des donnéés;

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy: Yes

IF YES, does it address:

Behavioural surveys: Yes

Evaluation / research studies: Yes

HIV Drug resistance surveillance: No

HIV surveillance: Yes

Routine programme monitoring: Yes

A data analysis strategy: Yes

A data dissemination and use strategy: Yes

A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate): Yes

Guidelines on tools for data collection: Yes
3. Is there a budget for implementation of the M&E plan?: Yes

3.1. IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities?: 10%

4. Is there a functional national M&E Unit?: In Progress

Briefly describe any obstacles: le retard dans la sousmissions des données; la manque de completeude des données;

4.1. Where is the national M&E Unit based?

In the Ministry of Health?: Yes

In the National HIV Commission (or equivalent)?: Yes

Elsewhere?: No

If elsewhere, please specify:

4.2. How many and what type of professional staff are working in the national M&E Unit?

<table>
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<th>Fulltime or Part-time?</th>
<th>Since when?</th>
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<tr>
<td>Responsable de Suivi et evaluation</td>
<td>Temps plein</td>
<td>2007</td>
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<tr>
<th>POSITION (write in position titles)</th>
<th>Fulltime or Part-time?</th>
<th>Since when?</th>
</tr>
</thead>
</table>
| Assistant de Suivi et evaluation et trois gestionnaires des données | | 2011

4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?: Yes

Briefly describe the data-sharing mechanisms: chaque partenaire doit normalment soumetre regulierment ses rapports d'activites. Regulierment il a des reunions de validation des donnés.

What are the major challenges in this area: le retard dans la sousmissions des données; la manque de completeude des données;

5. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?: No

6. Is there a central national database with HIV-related data?: Yes

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

6.1. IF YES, does it include information about the content, key populations and geographical coverage of HIV services, as well as their implementing organizations?: Yes, but only some of the above

IF YES, but only some of the above, which aspects does it include:

6.2. Is there a functional Health Information System?

At national level: Yes

At subnational level: Yes

IF YES, at what level(s):
7.1. Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?: Yes

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

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

If YES, for which population groups?:

Briefly explain how this information is used:

(c) Is coverage monitored by geographical area?: No

If YES, at which geographical levels (provincial, district, other)?:

Briefly explain how this information is used:

7.2. Is HIV programme coverage being monitored?: Yes

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

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

If YES, for which population groups?:

Briefly explain how this information is used:

8. Does the country publish an M&E report on HIV, including HIV surveillance data at least once a year?: No

9. How are M&E data used?

For programme improvement?: No

In developing / revising the national HIV response?: No

For resource allocation?: No

Other [write in]?: No

Briefly provide specific examples of how M&E data are used, and the main challenges, if any:

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

At national level?: Yes

If YES, what was the number trained?: 23

At subnational level?: Yes

If YES, what was the number trained: 10

At service delivery level including civil society?: Yes

If YES, how many?: 10

10.1. Were other M&E capacity-building activities conducted other than training?: No

If YES, describe what types of activities: des missions de supervisions ont été faites auprès des cadres
11. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the HIV-related monitoring and evaluation (M&E) in 2013?: 8

Since 2011, what have been key achievements in this area?: la formation annuel des cadres em domaine de suivi et evaluation du programme VIH. la mise en place de cahiers de supervision.

What challenges remain in this area?: Il manque une culture de suivi et évaluation notamment au niveau des structures de base

B.I Civil Society involvement

1. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?: 4

Comments and examples:

2. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?: 3

Comments and examples:

3. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) are the services provided by civil society in areas of HIV prevention, treatment, care and support included in:

   a. The national HIV strategy?: 4

   b. The national HIV budget?: 3

   c. The national HIV reports?: 3

Comments and examples:

4. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society included in the monitoring and evaluation (M&E) of the HIV response?

   a. Developing the national M&E plan?: 3

   b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?: 3

   c. Participate in using data for decision-making?: 3

Comments and examples:

5. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, community based organisations, and faith-based organizations)?: 3

Comments and examples:

6. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society able to access:
a. Adequate financial support to implement its HIV activities?: 3

b. Adequate technical support to implement its HIV activities?: 3

Comments and examples:

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

Prevention for key-populations:

People living with HIV: >75%

Men who have sex with men: 25-50%

People who inject drugs: 25-50%

Sex workers: 25-50%

Transgender people:

Palliative care: <25%

Testing and Counselling: <25%

Know your Rights/ Legal services: 51-75%

Reduction of Stigma and Discrimination: 51-75%

Clinical services (ART/OI): <25%

Home-based care: 25-50%

Programmes for OVC: 51-75%

8. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts to increase civil society participation in 2013?: 7

Since 2011, what have been key achievements in this area: la realisation des scéances de l'IEC auprès des migrants, populations passereles la production d'un boîte à image pour aider les animateurs dans les sessions la formation des pairs éducateurs le soutien socio économique aux PVVIH l'adoption, malgré timide de l'approche mobile et fixe dans le conseil et dépistage des IST et du VIH

What challenges remain in this area: la manques des ressources financiers et humaines pour satisfaire les besoins

B.II Political support and leadership

1. Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?: Yes

IF YES, describe some examples of when and how this has happened: les PVVIH participent entant que membres du comité de lutte contre le SIDA et aussi membres de l'Instance Nationale de Coordination; il y deux associations des PVVIH qui
developpent des activités de prevention et soutien a leur membres, avec le soutien des partenaires et du gouvernement, Le Gouvernement soutien Reseau des PVVIH.

B.III Human rights

1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable subpopulations? Circle yes if the policy specifies any of the following key populations:

KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:

People living with HIV: Yes

Men who have sex with men: Yes

Migrants/mobile populations: Yes

Orphans and other vulnerable children: Yes

People with disabilities: Yes

People who inject drugs: Yes

Prison inmates: Yes

Sex workers: Yes

Transgender people: No

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations [write in]:

: No

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?: Yes

IF YES to Question 1.1 or 1.2, briefly describe the contents of these laws: la Constitution de la Republique prevoit la non discrimination de personnes en raison du sexe, religion, age, condition socio-economique, race, condition physique, etc.

Briefly explain what mechanisms are in place to ensure that these laws are implemented: Le suivi du respect pour les lois est assure pour la Comission National du Droit des Hommes

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

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?: No

2.1. IF YES, for which sub-populations?
KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:

People living with HIV: No

Men who have sex with men: No

Migrants/mobile populations: No

Orphans and other vulnerable children: No

People with disabilities: No

People who inject drugs: No

Prison inmates: No

Sex workers: No

Transgender people: No

Women and girls: No

Young women/young men: No

Other specific vulnerable populations [write in]: No

Briefly describe the content of these laws, regulations or policies:

Briefly comment on how they pose barriers:

3. Does the country have a policy, law or regulation to reduce violence against women, including for example, victims of sexual assault or women living with HIV?: Yes

Briefly describe the content of the policy, law or regulation and the populations included:

4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?: Yes

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

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations and other vulnerable populations?: No

IF YES, briefly describe this mechanism:

6. Does the country have a policy or strategy of free services for the following? Indicate if these services are provided free-of-charge to all people, to some people or not at all (circle “yes” or “no” as applicable).

Antiretroviral treatment:
Provided free-of-charge to all people in the country: Yes
Provided free-of-charge to some people in the country: No
Provided, but only at a cost: No

HIV prevention services:
Provided free-of-charge to all people in the country: Yes
Provided free-of-charge to some people in the country: No
Provided, but only at a cost: No

HIV-related care and support interventions:
Provided free-of-charge to all people in the country: Yes
Provided free-of-charge to some people in the country: No
Provided, but only at a cost: No

If applicable, which populations have been identified as priority, and for which services?:

7. Does the country have a policy or strategy to ensure equal access for women and men to HIV prevention, treatment, care and support?: Yes

7.1. In particular, does the country have a policy or strategy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?: Yes

8. Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?: Yes

IF YES, Briefly describe the content of this policy/strategy and the populations included:

8.1. IF YES, does this policy/strategy include different types of approaches to ensure equal access for different key populations and/or other vulnerable sub-populations?: Yes

IF YES, briefly explain the different types of approaches to ensure equal access for different populations:

9. Does the country have a policy or law prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?: No

IF YES, briefly describe the content of the policy or law:

10. Does the country have the following human rights monitoring and enforcement mechanisms?

   a. 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
b. Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts: No

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

11. In the last 2 years, have there been the following training and/or capacity-building activities:

a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)?: No

b. Programmes for members of the judiciary and law enforcement46 on HIV and human rights issues that may come up in the context of their work?: No

12. Are the following legal support services available in the country?

a. Legal aid systems for HIV casework: No

b. Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV: No

13. Are there programmes in place to reduce HIV-related stigma and discrimination?: Yes

IF YES, what types of programmes?:

Programmes for health care workers: Yes

Programmes for the media: Yes

Programmes in the work place: No

Other [write in]:: No

14. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2013?: 9

Since 2011, what have been key achievements in this area:

What challenges remain in this area:

15. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the effort to implement human rights related policies, laws and regulations in 2013?: 8

Since 2011, what have been key achievements in this area: la realisation des campagnes de sensibilisation sur la paternité responsable; la production des brochures sur les droits des handicapés; l’élaboration du II plan national pour les droits humains et la citoyénité

What challenges remain in this area:

B. IV Prevention

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

IF YES, how were these specific needs determined?: ces besoins ont été déterminées sur la base du type de l'épidémie VIH du pays, sur les comportements des partenaires multiples, sur la connaissance du VIH par la population, l'utilisation déclaré du préservatif

IF YES, what are these specific needs?: la prévention primaire du VIH auprès des jeunes; le dépistage du VIH, l'accès au préservatifs; la prévention auprès des cibles comme les PVVIH,l'accès au traitement du VIH

1.1 To what extent has HIV prevention been implemented?

The majority of people in need have access to:

Blood safety: Strongly agree

Condom promotion: Strongly agree

Harm reduction for people who inject drugs: Strongly agree

HIV prevention for out-of-school young people: Strongly agree

HIV prevention in the workplace: Agree

HIV testing and counseling: Strongly agree

IEC on risk reduction: Strongly agree

IEC on stigma and discrimination reduction: Strongly agree

Prevention of mother-to-child transmission of HIV: Strongly disagree

Prevention for people living with HIV: Strongly agree

Reproductive health services including sexually transmitted infections prevention and treatment: Strongly agree

Risk reduction for intimate partners of key populations: Agree

Risk reduction for men who have sex with men: Agree

Risk reduction for sex workers: Strongly agree

School-based HIV education for young people: Strongly agree

Universal precautions in health care settings: Strongly agree

Other [write in]:

:

2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV prevention programmes in 2013?: 8
Since 2011, what have been key achievements in this area: la formation des paires educateurs jeunes la formation de paires educateurs PVVIH la multiplication des scéances de l'information et de l'éducation en domaine de VIH au sen des jeunes , PVVIH l'IEC auprès des femmes enceintes seropositives la diffusion des programmes IEC sur VIH dans la radio nationale

What challenges remain in this area: la manque des ressources financières et humaines, la manques des outils sur le VIH par certains groups comme les hommes ayant des rapports sexuelles avec des hommes. les services destinées aux hommes dans le conseille et dépistage des IST et du viH

B.V Treatment, care and support

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?: Yes

IF YES, Briefly identify the elements and what has been prioritized: l'accès au dépistage et au traitement gratuit, soutien psychosocial et nutritionnel. suivi biologique immunologique.

Briefly identify how HIV treatment, care and support services are being scaled-up: les services de traitement et accompagnement lies au VIH sont desentralisée dans l'ensemble des centres de santé. les points focaux VIH ont été formés .

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

The majority of people in need have access to...

Antiretroviral therapy: Strongly agree

ART for TB patients: Strongly agree

Cotrimoxazole prophylaxis in people living with HIV: Strongly agree

Early infant diagnosis: Agree

HIV care and support in the workplace (including alternative working arrangements): Agree

HIV testing and counselling for people with TB: Strongly agree

HIV treatment services in the workplace or treatment referral systems through the workplace: Agree

Nutritional care: Strongly agree

Paediatric AIDS treatment: Strongly agree

Post-delivery ART provision to women: Strongly agree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault): Strongly agree

Post-exposure prophylaxis for occupational exposures to HIV: Strongly agree

Psychosocial support for people living with HIV and their families: Strongly agree

Sexually transmitted infection management: Strongly agree

TB infection control in HIV treatment and care facilities: Strongly agree
TB preventive therapy for people living with HIV: Strongly agree

TB screening for people living with HIV: Strongly agree

Treatment of common HIV-related infections: Strongly agree

Other [write in]:

1.2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2013?: 8

Since 2011, what have been key achievements in this area: la instalation de capacité pour realiser d'xamens de charge virale

What challenges remain in this area: Mettre en place de la routine chez réalisation des examens de charge virale et de CD4.

2. Does the country have a policy or strategy to address the needs of orphans and other vulnerable children?: Yes

2.1. If yes, is there an operational definition for orphans and vulnerable children in the country?: Yes

2.2. If yes, does the country have a national action plan specifically for orphans and vulnerable children?: Yes

3. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2013?: 8

Since 2011, what have been key achievements in this area: le soutien à l'éducation des enfants vulnérables et orphelins.

What challenges remain in this area: manque des ressources financieres pour satisfaire les besoins.