

Rwanda Report NCPI

NCPI Header

is indicator/topic relevant?: Yes

is data available?: Yes

Data measurement tool / source: NCPI

Other measurement tool / source:

From date: 03/01/2014

To date: 03/31/2014

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: GAKUNZI SEBAZIGA

Postal address: Rwanda Biomedical Center PO box 7162 Kigali

Telephone: +250 788 407 969

Fax:

E-mail: gakunziseb@yahoo.com

Describe the process used for NCPI data gathering and validation: NCPI questionnaire was filled during a consultative meeting with civil society organizations and evaluation meeting was held to validate results.

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]

Organization	Names/Positions	Respondents to Part A
CDLS Gasabo	Bana Emma-Marie/ CDLS coordinator	A1,A2,A3,A4,A5,A6
MIFOTRA	Ndizeye Jean Baptist /USPLS Executive Secreatry	A1,A2,A3,A4,A5,A6
RBC IHDP	Mutamuliza Florida/ In Charge of Sectors	A1,A2,A3,A4,A5,A6
RBC IHDP	Hindura Jean Pierre/ Technical Coordinator - HIV Decentralization	A1,A2,A3,A4,A5,A6
Ministry for Internal Affairs (MININTER)	Dr. Gahima Innocent/ Health Coordinator in Prisons	A1,A2,A3,A4,A5,A6
Ministry of Defence	Sebagabo Marcellin/HIV Focal point	A1,A2,A3,A4,A5,A6
Ministry of Education (MINEDUC)	Rosine Bigirimana/ HIV Project Manager	A1,A2,A3,A4,A5,A6
CDLS Kicukiro	Mukaranzi N. Clotilde/ CDLS Coordinator	A1,A2,A3,A4,A5,A6
National Children Comission	Musabeyezu J. Damascene	A1,A2,A3,A4,A5,A6
National Human Rights Commission (NHRC)	Semani Ignace	A1,A2,A3,A4,A5,A6
RBC IHDP	Gakunzi Sebaziga/ Social Impact Mitigation Director	A1,A2,A3,A4,A5,A6
RBC IHDP	Karangwa Chaste/ M.C specialist	A1,A2,A3,A4,A5,A6
RBC IHDP	Remera Eric/ M&E	A1,A2,A3,A4,A5,A6

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

Organization	Names/Positions	Respondents to Part B
UNAIDS	Badini Helene /Program Adviser	B2,B4
ABASIRWA	Bahati Innocent/Executive Secretary	B1,B2
Amahoro Organization	Bizimana Justin / Legal Representative	B2,B3
ACPLRWA	Burangwahe Omar / Coordinator	B2,B5
RNGOF	Dufitumukiza Canut / Executive Secretary	B1,B2,B3
RNGOF	Haganza James / M&E Officer	B2,B3,B4
HDI	Havugimana Cassien / Director	B2,B3,B4
ARBEF	Hirwa Triphine / Program Coordinator	B2,B4
RRRA	Iyamuremye Eric / President	B2,B3
HDI	Kagaba Afodis / Executive Director	B2
World Vision	Kagabo Jean Bosco / Global Fund Coordinator	B1,B2
KHA	Kayumba Aime / Executive Director	B2,B4
RRP+	Madina Mutagoma M&E Coordinator	B1,B2,B3
CDC	Manzi Gloria / Prevention Associate	B2,B4
UNICEF	Martin -Achard Nicolas / Child protection Specialist.	B2,B3,B5
ANSP+	Mbabazi Pio /Peer Educator	B2,B3
CHABHA	Muhayimpundu Grace / Country Director	B2,B3,B4
HDI	Muhimpindu M. Rose	B2,B3,B4
HOCA Rwanda	Mukandayisenga Madine/ Executive Director	B1,B2
Vivre-Plus	Mukashyaka Geraldine / President	B2,B4
FRSLHRw	Munderere Elyse / Project Manager	B2,B5
Kigali Hope Association	Muragijerurema Viateur / DAF	B2,B4,B5
RCLS	Murebwayire Jeanne / District Coordinator	B2,B4,B5
UNICEF	Muriisa Grace / HIV/Health Specialist	B1,B2,B5
AFEDEC	Murwanashyaka Evariste/ Program Manager	B1,B2,B5
ANSP+	Musangwa Eugenie / Toussaint Peer Educator	B2,B3
Voice of Community	Musore Innocent	B2,B4
CHRD	Ndabaramiye Rwema J. Pierre /Legal Representative	B2,B3
GLIHD	Ndengeyinka William/ Program Manager	B2,B3
R.C. Sangwa Vivre	Nizeyimana Isabelle Coordinator	B2,B5
RRP+	Nkundimana Sylve / RRP+ Kicukiro	B2,B3
UNFPA	Ntwali Andrew / HIV CCP	B2,B4
RCLS	Rugema Jean Damascene / District Coordinator	B2,B5
UNAIDS	Ruturwa Dieudonne / Partnership Advisor	B1,B2
Action for Health Integrated Development (AHID)	Sebagabo Christophe / Administrative Officer	B2,B5
Prison Fellowship Rwanda	Shema Celestin / Program Manager	B2,B4
RCLS	Singirankabo Ignace / Executive Secretary	B2,B4
UNFPA	Sssenfuka James / RH Specialist	B2,B4
SFH	Umuhire Nora/ Program Development Manager	B2,B4
ANSP	Umutoniwamana Laurance/ M&E Research	B2,B3
HOCA Rwanda	Uwamwezi Pauline/ Secretaire Generale	B2,B3
RRP+	Uwayezu Andre / President- RRP+ Gasabo	B2,B3
UPHLS	Uwingabire Alphonsine / District Coordinator	B2,B4
RDM	Uwitonze JMV / Project Officer	B2,B3

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: 2013-2018

IF YES, briefly describe key developments/modifications between the current national strategy and the prior one. IF NO or NOT APPLICABLE, briefly explain why.:

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?: Ministry of Health of Rwanda through the

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: No

Labour:

Included in Strategy: Yes

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:

Included in Strategy: No

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: Yes

Elderly persons: No

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: 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: Yes

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: Yes

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.: Membership in technical working groups to develop the NSP 2013-2018, involvement in the mid term review of the NSP 2008-2012

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, all 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: Yes

Sector-wide approach: Yes

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: No

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): Yes

Other [write in]:

:

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

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

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: HRH: Capacity building in service MPDD: Quantification, Planning, Procurement and Distributions of commodities ACM: maintenance of medical equipments Construction and renovation of HFs Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications

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: Many

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

e) ART and Tuberculosis: Many

f) ART and general outpatient care: Many

g) ART and chronic Non-Communicable Diseases: Many

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?: 9

Since 2011, what have been key achievements in this area: 1. Development of the national strategic Plan 2013-2018 2. Review of the 2008-2012 strategic plan.

What challenges remain in this area: 1. Financing of the strategic plan still not covered by domestic funding sources

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: 1. The First Lady launched the e - MTCT program in 2012 in Bugesera District. 2. World AIDS Day commemoration was led by the Minister for Health 3. National Paediatric AIDS conference was opened by the minister for Health 4. The theme of the World AIDS day 2013 was the role of the leaders in the National HIV/AIDS response and was lead by the Minister of state in charge of primary Health.

2. Does the country have an officially recognized national multisectoral HIV coordination body (i.e., a National HIV Council or equivalent)?: No

IF NO, briefly explain why not and how HIV programmes are being managed:: The roles of the National AIDS Control Commission (NAC) were moved to the Rwanda Biomedical Centre in the HIV/AIDS, STIs and Other Blood Borne Infection Division. It has full time staff who work on the coordination issues. Different stakeholders are represented indifferent technical working groups that are Chaired or co-chaired by the RBC staff.

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?:

Have a defined membership?: Yes

IF YES, how many members?:

Include civil society representatives?: No

IF YES, how many?:

Include people living with HIV?: No

IF YES, how many?:

Include the private sector?: No

Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?: No

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:: Country Coordinating mechanism (CCM), TWGs in Prevention and C&T

What challenges remain in this area:: 1. coordination of the reporting from different stakeholders.

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?: Yes

IF YES, name and describe how the policies / laws were amended: 1. The organic law instituting the Penal code (No. 01/2012/ OL of 02/05/2012) was amended to allow for intervention among the Men who have sex with Men.

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?: 10

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

What challenges remain in this area::

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: No

Men who have sex with men: No

Migrants/mobile populations: No

Orphans and other vulnerable children: Yes

People with disabilities: Yes

People who inject drugs: No

Prison inmates: Yes

Sex workers: No

Transgender people: Yes

Women and girls: Yes

Young women/young men: No

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::

Briefly explain what mechanisms are in place to ensure these laws are implemented::

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 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]:

: No

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: Yes

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: Yes

Other [write in]: Single Use Needles and syringes are used in Rwanda. Messaging on use of clean needles and syringes is no longer applicable. Injection safety is however a focus for all the healthcare workers. People who inject drugs are not currently identified for interventions in the country.

: 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?: Yes

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 communication and other preventive health interventions for key or other vulnerable sub-populations?: Yes

Briefly describe the content of this policy or strategy::

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

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

Customers of 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)

Prison inmates: 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

Other populations [write in]::

: 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)

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?: 10

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

What challenges remain in this area::

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

IF YES, how were these specific needs determined?: DHS Mode of transmission model Behaviour surveillance surveys

IF YES, what are these specific needs? : Sex workers - Low capacity to negotiate condom Use, low and insufficient condom use, limited access to health services, Hard to reach group, stigmatizations. Clients of sex workers - Low condom use. Unmet needs identified by different studies

4.1. 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

Economic support e.g. cash transfers: Agree

Harm reduction for people who inject drugs: N/A

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

HIV prevention in the workplace: Strongly 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 agree

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: Strongly agree

Risk reduction for sex workers: Strongly agree

Reduction of gender based violence: Strongly agree

School-based HIV education for young people: Strongly agree

Treatment as prevention: Strongly agree

Universal precautions in health care settings: Strongly 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?: 10

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:: Psychosocial support, nutrition support, treatment to those in need(universal access)

Briefly identify how HIV treatment, care and support services are being scaled-up?: HIV care and treatment is being scale up in Rwanda towards quality services near the community by strengthening the health system as well as the human resources.

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: Strongly agree

Economic support: Agree

Family based care and support: Agree

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

HIV testing and counselling for people with TB: Strongly agree

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

Nutritional care: Agree

Paediatric AIDS treatment: Disagree

Palliative care for children and adults Palliative care for children and adults: 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: Agree

Sexually transmitted infection management: Agree

TB infection control in HIV treatment and care facilities: Agree

TB preventive therapy for people living with HIV: Disagree

TB screening for people living with HIV: Agree

Treatment of common HIV-related infections: Agree

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?: Yes

Please clarify which social and economic support is provided: The National social protection strategy provides for the minimum package of support for the most vulnerable children. The support includes household economic strengthening. Cash transfer programs and Health Insurance coverage are implemented for all vulnerable households. The strategy does not specifically identify PLHIV as vulnerable group with special attention.

3. Does the country have a policy or strategy for developing/using generic medications or parallel importing of medications for HIV?: Yes

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?: No

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?: 9

Since 2011, what have been key achievements in this area?: Universal access, treatment of co infections, treatment of all under 5 children, availability of 3rd line , genotyping...

What challenges remain in this area?: Link between testing entry point and treatment, testing for children for them to be initiated to treatment, prevention and early diagnosis and management of treatment failure

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

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?: Yes

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?: 9

Since 2011, what have been key achievements in this area?: The government approved the national social protection strategy that specifically covers needs of orphans and vulnerable children. The Integrated Child Rights Policy was approved and the Strategic Plan for the Integrated Child Rights Policy in Rwanda 2011-2016 was also developed and approved.

What challenges remain in this area: Monitoring and Evaluation of the OVC program still a challenge. The national OVC data base is yet to be developed.

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: 2013-2018

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

Briefly describe what the issues are::

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: Yes

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?: 7%

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

Briefly describe any obstacles::

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

In the Ministry of Health?: No

In the National HIV Commission (or equivalent)?: No

Elsewhere?: Yes

If elsewhere, please specify: Rwanda Biomedical Center

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

POSITION [write in position titles]	Fulltime or Part-time?	Since when?
Director of M&E	Full-time	
Director of Seroeuvreillance and Reseach	Full-time	
Tracnet Trainer	Full-time	
Data Managers (2)	Full-time	
GIS officer	Full-time	
Head of Planning and M&E	Full-time	
Program managers (5)	Full-time	
HIV behavior and ANC surveillance (2)		

POSITION [write in position titles]	Fulltime or Part-time?	Since when?
Rwanda AIDS Indicator survey coordinator	Temps plein	
Rwanda Incidence Study coordinator	Temps plein	
Rwanda AIDS Indicator. statistician	Temps plein	
Rwanda AIDS Indicator. Quality controler (2)	Temps plein	
Rwanda AIDS Indicator.Data Managers (2)	Temps plein	
Rwanda AIDS Indicator. Field Manager	Temps plein	

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::

What are the major challenges in this area::

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

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

IF YES, briefly describe the national database and who manages it.: Electronic database (TRACNETdata base) : • Reporting system is based on developed clinical indicators • Reports are submitted by Health facilities on monthly basis using mostly phones and Internet.

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, all 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)?: • Health centers • District Hospitals • Central level

7.1. 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

7.2. Is HIV programme coverage being monitored?: Yes

(a) IF YES, is coverage monitored by sex (male, female)?: No

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

IF YES, for which population groups?: Adults Pediatrics

Briefly explain how this information is used:: Coverage data are used for in nationals and in nationals and international reports Coverage data are used for strategic planning

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

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

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?: Yes

9. How are M&E data used?

For programme improvement?: Yes

In developing / revising the national HIV response?: Yes

For resource allocation?: Yes

Other [write in]:: Dissemination of good practices and surveillance studies

: 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::

At subnational level?: Yes

IF YES, what was the number trained:

At service delivery level including civil society?: Yes

IF YES, how many?:

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

IF YES, describe what types of activities:

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?: 9

Since 2011, what have been key achievements in this area:: - National M&E Plan developed - Tools available and used - Capacity building of the staff conducted - Scale up of new electronically medical recording system in HIV Clinics

What challenges remain in this area:: Data use at decentralized level

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?: 5

Comments and examples:: • In 2013, the CSOs were invited to and participated in Mid Term Review of the National Strategic Plan (NSP), Development of the new NSP, Gender assessment of the National response to HIV. CSO continued to be part of CCM and attended PEPFAR Technical Working Groups. • CSO provided inputs to the First Lady’s speech for the replenishment of the Global Fund in Washington DC led by President Obama

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)?: 5

Comments and examples:: CSOs participated in the development of the new NSP at all stages including the Mid Term Review on the NSP 2009-2013, the Know your epidemic, know your response exercise, the development of the key indicators of the NSP, the costing and the development of the Two-year operational plan.

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?: 5

b. The national HIV budget?: 5

c. The national HIV reports?: 4

Comments and examples:: In the national HIV strategy, Services provided by CSOs are included in the national HIV strategy and national report and CSOs interventions contribute to the national target. In Care and treatment, around 38% (DHS 2010) of VCT and ART are provided by religious organizations and secondary health posts have been established to address the issue of Religious facilities not providing modern contraceptives and condoms All CSOs develop plans and submit them to CDLS and reports are regularly submitted to concerned institutions to be aware of available funding in the country. The country has strong reporting mechanism (HMIS and Tracnet) that captures information from grassroots to national level; however CSOs coordinating institutions are not fully functional to report on all interventions carried-out by CSOs members and the national reporting mechanisms. Since 2012, the Rwanda Government Board has requested all existing NGOs and FBOs to renew their registration which enabled the country to know all CSOs operating in Rwanda including in HIV&AIDS

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?: 5

b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?: 5

c. Participate in using data for decision-making?: 4

Comments and examples:: • CSOs representative participate in the development of the National M&E plan • Regular joint monitoring visits are organized, standardized reporting templates at districts level and it's used by all implementing partners, national-level actors (umbrellas, UN Agencies and Int. NGOs) report to RBC/MOH based on national indicators • Although evidence is there, such as 51% prevalence among female sex workers and the MOT 2012 that showed that most of the new HIV infections are coming from key populations and discordant couples, some CSOs (such as FBOs) continue their routine prevention to general population with less focus to key population.

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)?: 5

Comments and examples:: Various CSOs are represented in the HIV response through technical working groups as well as CCM. The CSOs in Rwanda are inclusive of various groups. they are organized under umbrellas. These are umbrellas are: 1. Network of People living with HIV (RRP+) that represent over 1400 organizations of PLHIV 2. Rwanda NGO forum on HIV AIDS and Health Promotion (bringing together 158 local and international NGOs working in HIV/AIDS in Rwanda) 3. RCLS (Reseau des confessions religieuses dans la lutte contre le SIDA) bring together all faith based organizations working in HIV response 4. UPHLS - umbrella of people with disabilities in the fight against HIV/AIDS 5. ABASIRWA - Media Network against HIV and AIDS in Rwanda 6. PSF - Private sector Federation.

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?: 4

b. Adequate technical support to implement its HIV activities?: 4

Comments and examples:: Due the reduction of the GF funding, there has been a reduction of 67% in the number of CSOs sub-recipient of GF grants (from 90 to 30), which is likely to have negative impact on the coverage of CSOs interventions. • Reduction of donor-international NGOs in Rwanda (Columbia University ICAP, Christian AID, MEASURE EVALUATION), which resulted into the reduction of funding for the civil society organisations working in the HIV response. • Although resources are being reduced, international organizations continue to provide technical support and guidance to national NGOs especially for the use of evidence in programming and resources mobilization, development of tools, conducting studies to develop generate evidence (stigma index, mapping exercise for CSOs interventions). For example in March 2012 UNAIDS trained CSOs staff in evidence-based planning and reporting. UN Women provided support to RRP+ for the creation the Youth and Gender into the Network of RRP+, UNICEF has provided support to the Interfaith Network for the dissemination of the sermon guide on HIV and Maternal and Child health linking Safe motherhood and Bible and the Qor'an. Christian Aid has supported the interfaith network of Rwanda to implement the SAVE model for the HIV response. Support has also been provided to CSOs to align they strategic plans to the NSP, support has also been provided to local NGOs to attend international fora for experience sharing, learning and networking

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: 51-75%

Men who have sex with men: <25%

People who inject drugs:

Sex workers: 25-50%

Transgender people:

Palliative care : 51-75%

Testing and Counselling: 51-75%

Know your Rights/ Legal services: 25-50%

Reduction of Stigma and Discrimination: 51-75%

Clinical services (ART/OI): 25-50%

Home-based care: >75%

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?: 8

Since 2011, what have been key achievements in this area:: • In 2011, CSOs were represented in the UN High Level Meeting • 10 people from umbrellas have been provided with support to pursue master's of Public Health • CSOs have been involved in various studies such the gender assessment of the HIV response in 2013, stigma index in 2013 • Collaboration of CSOs and members of the parliaments in reproductive health • CSOs were involved in development of the new NSP 2013-2018 and its two-year operational plan.

What challenges remain in this area:: • Due to scarce funding environment, funding for CSOs has significantly reduced and many NGOs have closed and remaining NGOs had to take on activities that were carried-out by NGOs who dropped-out • Lack of capacity of CSOs to effectively coordinate the interventions within their constituencies

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:: - Before formulation and adoption of policies by the government there are consultation meetings with stakeholders - Resources mobilization (Global fund) - Development of new HIV Strategic Plan 2013-2018 - Organizations of people living with HIV were involved in the process of mid-term review of the national strategic plan 2009-2012 - Organizations of people living with HIV were involved in the process development of the new strategic plan - The government provides support financially the people who are living with HIV - RRP+ is member of CCM Rwanda - People with disabilities, living with HIV and other groups of key populations have been involved in the HIV policies design and implementation. - Many NGO's working with key population and other vulnerable groups

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: No

Men who have sex with men: No

Migrants/mobile populations: No

Orphans and other vulnerable children: Yes

People with disabilities: Yes

People who inject drugs: No

Prison inmates: Yes

Sex workers: No

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:: These laws are based on the constitution, which forbids discrimination of any kind against anyone. Furthermore, the East African Community, in which Rwanda plays an active role, has been drafting a bill of Human Rights in which the prohibition of discrimination against people living with HIV is specifically mentioned. Article 11 of the constitution provides as follows: "All Rwandans are born and remain free and equal in rights and duties. Discrimination of whatever kind based on, inter alia, ethnic origin, tribe, clan, colour, sex, region, social origin, religion or faith, opinion, economic status, culture, language, social status, physical or mental disability or any other form of discrimination is prohibited and punishable by law" For Men who inject drugs, there are no discriminating laws against them but there is no specific laws/regulation targeting them as there is enough data on them.

Briefly explain what mechanisms are in place to ensure that these laws are implemented:: Firstly, Parliamentary commissions ensure that these laws are implemented. Secondly, the constitution has created specific commissions, such as that of the ombudsman, to deal with human rights, HIV and health issues. They must monitor the implementation of these laws and activities. At the local level, organisations like MAJ (Maisons d'Accès à la Justice) and the Cliniques Juridiques (itinerant justice advisors) help vulnerable groups to access justice and defend their rights. Finally, the traditional Abunzi institution has seen their role increasing as a local mediator and is by law in charge of handling conflict within the community.

Briefly comment on the degree to which they are currently implemented: The decentralization policy ensures that anti-discrimination strategies are implemented at all levels

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.: The following policies and law are aimed at reducing the Violence again women. The Rwandan Law n° 59/2008 of the 10/09/2008 on prevention and punishment of gender based violence. National policy against Gender based Violence July of 2011. the overall objective of the policy is the eliminate GBV through development of a preventive, protective, supportive and trans formative environment.

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:: The National Strategic Plan for HIV/AIDS 2013-2018 mentions that all vulnerable groups and key populations have the same rights as anybody else in terms of healthcare access, and are protected against any discrimination.

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:: There is no specific mechanism for document cases of stigma and discrimination. However, Cliniques juridiques and MAJ (Maisons d'Accès à la Justice) are in place to support all cases of vulnerable populations in legal support, irrespective of the HIV status.

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?: No

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:: There is a strategy for Elimination of Mother to Child Transmission of HIV. RBC updates the HIV treatment protocol yearly, in its Treatment Guideline document. In the NSP 2013-2018, there is a national minimum package for MSM, sex workers and other key populations, which includes HIV prevention.

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:: There is the geographical approach that ensures equity in the service access in the country. Civil Society Organisations, NGO's (local, national and international) and the private sectors have different activities for these sub-populations to ensure the equal access to treatment and care.

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:: The National Human Rights Commission is an independent national institution for the promotion and protection human rights which considers HIV-issues in its work. Many Civil Society Organisations and NGO's are active in this sector, including: Rwanda NGO forum, HDI, AIMR, Ajprodo, Assist, FAAS, ETC and others

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)?: Yes

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?: Yes

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

a. Legal aid systems for HIV casework: Yes

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

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: Yes

Other [write in]:: Judiciary, Local leaders

: Yes

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:: National policy of GBV was developed in 2011. The national strategic plan for HIV/AIDS now includes interventions targeting MSM. the NSP emphasizes that the PLHIV have equal rights as the general population.

What challenges remain in this area:: Documentation of cases of HIV related stigma and discrimination. Also there is need for cases in courts of law that involve PLHIV need to be documented.

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?: 9

Since 2011, what have been key achievements in this area?: Human right activists played a great role to the achievement of the effort human rights policies. Cliniques juridiques and MAJ (Maisons d'Accès à la Justice) continued to provide legal support to the vulnerable individuals.

What challenges remain in this area?: Rwanda labour law does not prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination) and this may not prevent employers from using HIV status in their recruitment decisions.

B.IV Prevention

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

IF YES, how were these specific needs determined?: As part of the process for the review and development of the NSP on HIV and AIDS, consultative meetings with active participation of all-key stakeholders were made for example the Know Your Epidemic Know Your Response workshop that informed the needs for further interventions in the response to HIV.

IF YES, what are these specific needs? : • Specific needs for key population (sex workers, MSM, Young people, people living with disabilities, etc...) • Needs for further interventions in different HIV prevention programs including Voluntary Medical Male Circumcision (VMMC) and programs for young people.

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: N/A

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

HIV prevention in the workplace: Agree

HIV testing and counseling: Strongly agree

IEC on risk reduction: Agree

IEC on stigma and discrimination reduction: Agree

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

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: Agree

School-based HIV education for young people: Agree

Universal precautions in health care settings: Strongly agree

Other [write in]: Prisoners

: Agree

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:: • Campaigns for targeted key populations were conducted and condom use for sex workers has gradually improved • Sensitization has been done for the general population and knowledge about condom use among the general population as well as young people is high though use is still low. • Over 90% of the general population have knowledge about condom use • Risk for HIV infection through injecting drug use has been considered in the new NSP, but there is need to explore the existence of the behaviour ad to conduct a mapping exercise in order to provide services appropriately. • National campaigns and mass media to inform about HIV and AIDS are conducted on a regular basis, youth clubs and friendly centres also provide services to young people. • Different umbrella organizations have tried to implement HIV workplace programmes for example, the Umbrellas in both the Public and Private sector: A guidance document on labour and safety, including HIV in the workplace is being developed by the Ministry of Public service • Coverage of HIV counselling testing is very good and is available countrywide and is free but the use is very low (38.6% of all women and 37.7% of all Men between 15-49 age according to the DHS 2010) • The following services and mechanisms are available and accessible countrywide: HIV awareness, cooperatives of people living with HIV, peer educators, treatment rate are very high at the national level (%) and treatment as prevention for discordant couples, etc. The umbrella of people living with HIV is recognized and supported by the key partners and the Ministry of health and coordinated at the community level. • Services for sex workers are considered in the National programs for sex workers such as NSP • Some efforts have been made to approach Ministry of Education to integrate sexuality education including HIV into school-based curricula • HIV and AIDS awareness and sensitization programmes are conducted in prisons

What challenges remain in this area: Promotion of condom use has been done during some events like the commemoration of the WAD but no specific campaign for demand generation of condom use or use of popular media has been done recently. • Condom use is still low despite high knowledge about their availability. • Majority of Sex workers clients (66%) are from the stable relationships that is why we need to increase services among the general population • There is no data on injecting drug users, their existence and therefore the challenge of providing services to this population group. • Young people, especially at the community level have less access to sexual and reproductive services and the services themselves are not youth centred/friendly. • Ministries and institutions allocate little or no resources to HIV workplace programs • IEC materials are available but not appropriate for some specific population groups, e.g. persons with disabilities (eg. the Blind and deaf, illiterate etc), the use of most popular channels and methods for dissemination Of information on HIV and AIDS is still very low. For example, use of radio (the most popular means for communication about HIV and AIDS according to the BSS on youth, 2009) • Reproductive health services including HIV prevention are available but are not integrated in all services and not friendly to youth. • Lack of school based curricula on reproductive health, sexuality education and HIV education • Targets for male circumcision has not been reached • Condom vending machines have been vandalised by clients and not working properly

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:: Priorities have been ART universal access (free ARVs with full geographical coverage), especially pediatric ARVs .

Briefly identify how HIV treatment, care and support services are being scaled-up?: Scale-up of the number of sites providing ARV treatment. Now available in all administrative sectors.

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: Strongly 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: 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): Agree

Post-exposure prophylaxis for occupational exposures to HIV: Agree

Psychosocial support for people living with HIV and their families: 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?: 9

Since 2011, what have been key achievements in this area:: Guidelines adopted, increase HF that provide services, new NSP revised.

What challenges remain in this area: - Low level of awareness to the general population on Post Exposure Prophylaxis, - Declining Financial resources for psychosocial support and nutrition programs for PLWHA, - Few private clinics do not provide ARV and related services - Limited access to ART, STI treatment, PEP... for mobile populations - Low coverage of one stop centers (sexual assault victims)

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?: 6

Since 2011, what have been key achievements in this area:: - De-institutionalisation of children in orphanages - Identification of most vulnerable children

What challenges remain in this area:: - Poverty at household level - Stigma and discrimination and other negative attitudes towards OVCs including those who are HIV positive - Inadequate coverage of social protection programs-