

## Survey Response Details

### Response Information

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### Response Details

#### Page 1

**1) Country**

Vanuatu (0)

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

Marina Laklotal

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**6) E-mail:**

mlaklotal@vanuatu.gov.vu

**7) Date of submission:**

Please enter in DD/MM/YYYY format

31/03/2010

#### Page 3

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

Workshop with government agencies and civil society to outline UNGASS reporting process.

Stakeholders then formed 2 groups (1 government and 1 civil society) to complete respective NCPIs

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

**responses to specific questions:**

There were no disagreements

10)

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

There were no concerns

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11)

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

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 1	Ministry of Health	Joe Kalo	A.I, A.II, A.III, A.IV

12)

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 2	Vila Central Hospital	Junior George Pakoa	A.I, A.II, A.III, A.IV, A.V
Respondent 3	Education Department	Leisel Masinglow	A. I, A. II, A. III, A. IV, A. V
Respondent 4	Ministry of Health	Marina Laklotal	A.I, A.II, A.III, A.IV, A.V
Respondent 5	Ministry of Health	Moses Matovu	A. I, A. II, A. III, A. IV, A. V
Respondent 6	Shefa Provincial Health	Robson Joe	A.I, A.II, A.III, A.IV, A.V
Respondent 7	Ministry of Health	Toumelu Kalsakau	A. I, A. II, A. III, A. IV, A. V
Respondent 8			
Respondent 9			
Respondent 10			
Respondent 11			
Respondent 12			
Respondent 13			
Respondent 14			
Respondent			

- 15 Respondent
- 16 Respondent
- 17 Respondent
- 18 Respondent
- 19 Respondent
- 20 Respondent
- 21 Respondent
- 22 Respondent
- 23 Respondent
- 24 Respondent
- 25 Respondent

13)

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

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 1	Wan Smol Bag Theatre	Siula Bulu	B.I, B.II, B.III, B.IV

14)

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 2	Vanuatu Family Health Association	Dunstan Tate	B.I, B.II, B.III, B.IV
Respondent 3	IZA Foundation	Irene Malachi	B.I, B.II, B.III, B.IV
Respondent 4	VSO	Wilma Villar Kennedy	B.I, B.II, B.III, B.IV
Respondent 5	unicef	Roslyn Arthur	B.I, B.II, B.III, B.IV
Respondent 6			
Respondent 7			
Respondent 8			
Respondent 9			
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15)

**Part A, Section I: STRATEGIC PLAN****1. Has the country developed a national multisectoral strategy to respond to HIV?****(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as the ones listed under 1.2)****Yes (0)****Page 7**16) **Part A, Section I: STRATEGIC PLAN****Question 1 (continued)****Period covered:**

2008-2012

17)

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

**Number of Years**

2

18)

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

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

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

**Question 1.2 (continued)**

**If "Other" sectors are included, please specify:**

NGOs

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20)

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

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

<b>Target populations</b>	
a. Women and girls	Yes
b. Young women/young men	Yes
c. Injecting drug users	No
d. Men who have sex with men	Yes
e. Sex workers	Yes
f. Orphans and other vulnerable children	No
g. Other specific vulnerable subpopulations*	Yes
<b>Settings</b>	
h. Workplace	Yes
i. Schools	Yes

j. Prisons	Yes
<b>Cross-cutting issues</b>	
k. HIV and poverty	Yes
l. Human rights protection	Yes
m. Involvement of people living with HIV	Yes
n. Addressing stigma and discrimination	Yes
o. Gender empowerment and/or gender equality	Yes

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21)

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

Answered in 1.3

22)

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

Yes (0)

23)

**1.7 Does the multisectoral strategy or operational plan include:**

a. Formal programme goals?	Yes
b. Clear targets or milestones?	No
c. Detailed costs for each programmatic area?	No
d. An indication of funding sources to support programme?	No
e. A monitoring and evaluation framework?	No

24)

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

Active involvement (0)

**Page 12**

25)

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

Active involvement of civil society and government agencies. The process included focus groups and interviews to determine country needs and priorities for HIV/STIs. A contractor was also engaged to undertake an environmental scan, which included a review of existing research and documentation

26)

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

Yes (0)

27)

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

Yes, all partners (0)

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28)

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

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

Yes (0)

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29)

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

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

a. National Development Plan	Yes
b. Common Country Assessment / UN Development Assistance Framework	Yes
c. Poverty Reduction Strategy	Yes
d. Sector-wide approach	No
e. Other: Please specify	

30)

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

HIV-related area included in development plan(s)	
HIV prevention	Yes
Treatment for opportunistic infections	Yes
Antiretroviral treatment	Yes
Care and support (including social security or other schemes)	Yes
HIV impact alleviation	Yes
Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support	Yes
Reduction of income inequalities as they relate to HIV prevention/treatment, care and/or support	No

Reduction of stigma and discrimination

Yes

Women's economic empowerment (e.g. access to credit, access to land, training)

No

Other: Please specify

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31)

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

Yes (0)

**Page 18**

32)

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

**4.1 IF YES, which of the following programmes have been implemented beyond the pilot stage to reach a significant proportion of the uniformed services?**

Behavioural change communication	Yes
Condom provision	Yes
HIV testing and counselling	Yes
Sexually transmitted infection services	Yes
Antiretroviral treatment	Yes
Care and support	Yes
Other: Please specify	

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33)

**Part A, Section I: STRATEGIC PLAN****Question 4.1 (continued)**

**If HIV testing and counselling is provided to uniformed services, briefly describe the approach taken to HIV testing and counselling (e.g, indicate if HIV testing is voluntary or mandatory etc):**

It is compulsory for Police and uniformed services to undergo testing

34)

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

No (0)

**Page 21**

35)

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

**6. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations or other vulnerable subpopulations?**

No (0)

**Page 23**

36)

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

**7. Has the country followed up on commitments towards universal access made during the High-Level AIDS Review in June 2006?**

No (0)

**Page 25**

37)

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

**7.3 Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?**

Estimates of current needs only (0)

38)

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

Yes (0)

**Page 26**

39)

**Part A, Section I: STRATEGIC PLAN****Question 7.4 (continued)**

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

Yes (0)

40)

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

Yes (0)

**Page 27**

41)

**Part A, Section I: STRATEGIC PLAN****Question 7.4 (b) (continued)****IF YES, for which population groups?**

Age, gender and by province

42)

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

It is used for ongoing monitoring

**Page 28**43) **Part A, Section I: STRATEGIC PLAN****Question 7.4 (continued)****(c) Is coverage monitored by geographical area?**

Yes (0)

**Page 29**

44)

**Part A, Section I: STRATEGIC PLAN****Question 7.4 (c) (continued)****IF YES, at which geographical levels (provincial, district, other)?**

6 provinces of Vanuatu

45)

**7.5 Has the country developed a plan to strengthen health systems, including infrastructure, human resources and capacities, and logistical systems to deliver drugs?**

Yes (0)

**Page 30**

46)

**Part A, Section I: STRATEGIC PLAN****Question 7.5 (continued)****Overall, how would you rate strategy planning efforts in the HIV programmes in 2009?**

7 (7)

**Page 31**

47)

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

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

President/Head of government	Yes
Other high officials	Yes
Other officials in regions and/or districts	Yes

48)

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

Yes (0)

**Page 32**

49)

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

Please enter the year in yyyy format

1988

50)

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

Name	Marina Laklotal
Position/title	HIV and STI Coordinator

51)

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

have terms of reference?	Yes
have active government leadership and participation?	Yes
have a defined membership?	Yes
include civil society representatives?	Yes
include people living with HIV?	Yes
include the private sector?	Yes
have an action plan?	Yes
have a functional Secretariat?	Yes
meet at least quarterly?	Yes
review actions on policy decisions regularly?	Yes
actively promote policy decisions?	Yes

provide opportunity for civil society to influence decision-making? Yes

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

### Page 33

52)

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

##### Question 2.3 (continued)

If you answer "yes" to the question "does the National multisectoral AIDS coordination body have a defined membership", how many members?

Please enter an integer greater than or equal to 1

17

53)

If you answer "yes" to the question "does the National multisectoral AIDS coordination body include people living with HIV", how many?

Please enter an integer greater than or equal to 1

1

### Page 34

54)

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

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

Yes (0)

### Page 35

55)

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

##### Question 3 (continued)

**IF YES, briefly describe the main achievements:**

Through NAC and National Strategic Plan

56)

**Briefly describe the main challenges:**

Lack of human resources, funding, standard operating procedures/guidelines, human rights legislation, facilities and buildings to carry out treatment, testing, counseling, etc

57)

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

Information on priority needs	Yes
Technical guidance	Yes
Procurement and distribution of drugs or other supplies	Yes
Coordination with other implementing partners	Yes
Capacity-building	Yes
Other: Please specify	

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58)

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

**Question 6.1 (continued)**

**Overall, how would you rate the political support for the HIV programmes in 2009?**

5 (5)

59)

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

Lack of human rights legislation to reduce stigma and discrimination

**Page 39**

60)

**Part A, Section III: PREVENTION**

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

Yes (0)

**Page 40**

61)

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

No (0)

**Page 41**

62)

**Part A, Section III: PREVENTION**

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

Yes (0)

63)

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

Yes (0)

**Page 44**

64)

**Part A, III. PREVENTION**

**Question 3.1 (continued)**

**Overall, how would you rate the policy efforts in support of HIV prevention in 2009?**

4 (4)

**Page 45**

65)

**Part A, III. PREVENTION**

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

Yes (0)

**Page 46**

66)

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

The majority of people in need  
have access

**HIV prevention component**

Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Agree
Condom promotion	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	N/A

Risk reduction for men who have sex with men	Agree
Risk reduction for sex workers	Agree
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	Agree
HIV prevention in the workplace	Agree
Other: please specify	

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67)

**Part A, III. PREVENTION**

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

7 (7)

68)

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

Since 2007, what have been key achievements in this area: What are remaining challenges in this area: Development of National Strategic Plan Development of Condom Social Marketing strategy Development of Advocacy Policy Setting of NAC and TAG for prevention programs Development of Peer Educators Manual and Guidelines Development of PMTCT Guidelines Checklist for Pre and Post Counselling Advocacy and Awareness Campaigns throughout the country Capacity Building of Government and Civil Society Key Players in HIV/STI Awareness Development of STI Guidelines for effective management of STI Sexual Reproductive Health Linkages Draft Workplace Policy Developed Strengthening of HIV Program Coordination from the National to Provincial Levels Establishment of Provincial HIV/STI Committees

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69)

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

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

Yes (0)

**Page 49**

70)

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

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

Yes (0)

71) **1.2 IF YES, does it address barriers for most-at-risk populations?**

Yes (0)

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

Yes (0)

**Page 50**

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

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

Through comprehensive assessment (Clinical, psycho-social, economical, political)

74) **2.1 To what extent have the following HIV treatment, care and support services been implemented?**

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

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75)

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

**3. Does the country have a policy for developing/using generic drugs or parallel importing of drugs for HIV?**

No (0)

76)

**4. Does the country have access to *regional* procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy drugs, condoms, and substitution drugs?**

Yes (0)

**Page 53**

77)

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

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

7 (7)

**Page 54**

78)

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

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

No (0)

**Page 57**

79)

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

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

In progress (0)

**Page 65**

80)

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

No (0)

**Page 69**

81)

**What are the major challenges?**

Lack of funding

**Page 70**

82)

**Part A, Section V: MONITORING AND EVALUATION****6. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?**

No (0)

**Page 71**

83)

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

No (0)

**Page 73**

84)

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

At national level Yes  
At subnational level Yes

**Page 74**

85)

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

Lack of funding

**Page 78**

86)

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

At national level?	No
At subnational level?	
At service delivery level including civil society?	

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87)

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

No (0)

**Page 82**88) **Part A, Section V: MONITORING AND EVALUATION****Question 10.2 (continued)****Overall, how would you rate the M&E efforts of the HIV programme in 2009?**

2 (2)

**Page 83**

89)

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

No (0)

**Page 84**

90)

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

No (0)

**Page 86**

91)

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

**3. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations and other vulnerable subpopulations?**

Yes (0)

**Page 87**

92)

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

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

- a. Women
- b. Young people
- c. Injecting drug users
- d. Men who have sex with men Yes
- e. Sex Workers Yes
- f. prison inmates
- g. Migrants/mobile populations
- Other: Please specify

93)

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

Public Health Act

94)

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

Not possible to answer parts a, b, c, f, and g.

**Page 88**

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

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

Yes (0)

**Page 89**

96)

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

**Question 4 (continued)**

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

Please refer to the relevant section of the National Strategic Plan

97)

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

No (0)

**Page 90**

98)

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

Yes (0)

**Page 91**

99)

**7. Does the country have a policy of free services for the following:**

- |   |     |
|---|-----|
| a. HIV prevention services                    | Yes |
| b. Antiretroviral treatment                   | Yes |
| c. HIV-related care and support interventions | No  |

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100)

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

No (0)

**Page 95**

101)

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

No (0)

102)

**11. Does the country have a policy to ensure that HIV research protocols involving human subjects are reviewed and approved by a national/local ethical review committee?**

Yes (0)

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103)

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

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

No (0)

**Page 97**

104)

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

Yes (0)

105)

**– Focal points within governmental health and other departments to monitor HIV-related human rights abuses and HIV-related discrimination in areas such as housing and employment**

No (0)

106)

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

No (0)

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107)

**– Legal aid systems for HIV casework**

No (0)

108)

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

No (0)

109)

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

**their rights**

Yes (0)

110)

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

Yes (0)

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111)

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

**Question 15 (continued)**

**IF YES, what types of programmes?**

Media	Yes
School education	Yes
Personalities regularly speaking out	No
Other: community awareness targeting chiefs, community leaders and young people	Yes

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112)

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

**Question 15 (continued)**

**Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2009?**

2 (2)

113)

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

Achievements: • recognition in the NSP of the need for policies and laws to the rights of positive people and at risk populations and sub-populations • stakeholders commitment to addressing the issue of lack of policy and laws to support the work being undertaken • more support available to assist in the development of relevant policies , i.e RRRT, PIAF, ILO etc

114)

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

Challenges: • lack of political or high level support and commitment • lack of capacity/resources in country

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115)

**Part B, Section II: CIVIL SOCIETY\* PARTICIPATION**

**1. To what extent has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?**

3 (3)

116)

**Comments and examples:**

Not a lot of civil society organizations are involved in advocacy focusing on strengthening political commitment of top leaders but strong involvement in national strategy/policy formulations

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117)

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

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

5 (5)

118)

**Comments and examples:**

Equal civil society and MOH participation in the process

**Page 105**

119)

**a. the national AIDS strategy?**

5 (5)

120)

**c. national AIDS reports?**

5 (5)

**Page 106**

121)

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

5 (5)

122)

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

**coordination of M&E activities?**

5 (5)

123)

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

5 (5)

**Page 107****124) Part B, Section II. CIVIL SOCIETY PARTICIPATION**

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

3 (3)

**Page 108**

125)

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

3 (3)

126)

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

4 (4)

**Page 109****127) Part B, Section II. CIVIL SOCIETY PARTICIPATION**

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

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

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128)

**Part B, Section II. CIVIL SOCIETY PARTICIPATION****Question 7 (continued)****Overall, how would you rate the efforts to increase civil society participation in 2009?**

8 (8)

129)

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

Achievements: • Strong civil society commitment and involvement in the process of developing the NSP • Strong MOH commitment to involving civil society in all aspects of HIV planning and implementation eg, WAD etc • Strong civil society participation in the National AIDS Committee and in the Provincial HIV Committees

130)

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

Challenges: • Stronger commitment and participation from all civil society involved in HIV work

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131)

**Part B, Section III: PREVENTION****1. Has the country identified the specific needs for HIV prevention programmes?**

Yes (0)

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132)

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

The majority of people in need  
have access

**HIV prevention component**

Blood safety	Agree
Universal precautions in health care settings	Don't agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Don't agree
Condom promotion	Don't agree
HIV testing and counselling	Don't agree
Harm reduction for injecting drug users	N/A

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

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133)

**Part B, Section III: PREVENTION****Question 1.1 (continued)**

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

6 (6)

134)

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

Achievements: • Increase efforts in providing information for prevention (BCC) • More prevention activities taking place in rural settings as a result of funding available through the NAC Grants • PMTCT services available in some sites • Expansion of VCCT to some sites outside the main centres

135)

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

Challenges: • Counseling remains a weak area that needs to be strengthened • Condom accessibility in certain parts of the country remains poor • Female condoms not widely accessible or available

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136)

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

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

Yes (0)

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137)

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

**Question 1 (continued)**

**IF YES, how were these specific needs determined?**

Ministry of Health situational analysis surveys

138)

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

The majority of people in need  
have access

**HIV treatment, care and support service**

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

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139)

**Part B, Section IV: TREATMENT, CARE AND SUPPORT****Question 1.1 (continued)**

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

4 (4)

140)

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

Achievements: • Core team established in Santo and Vila • CD4 count can be done in country

141)

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

Challenges: • National guidelines and protocols for HIV testing and treatment • Testing procedures need to be improved • Viral load count still not available in country – issues re transport of blood sample overseas

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142)

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

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

No (0)