

Survey Response Details

Response Information

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Response Details

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- 1) **Country**
Kuwait (0)
- 2) **Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:**
Dr. Hind Al-Shoumer
- 3) **Postal address:**
Ministry of Health, Kuwait City, Kuwait
- 4) **Telephone:**
Please include country code
+96566624954
- 5) **E-mail:**
kuwaitiya19@hotmail.com
- 6) **Date of submission:**
Please enter in DD/MM/YYYY format
30/03/2010

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- 7) **Describe the process used for NCPI data gathering and validation:**
Data gathering: - interviews with key stakeholders - own knowledge of the HIV/AIDS response - review of records
Validation - comparing data from multiple sources - presenting of key findings in validation meeting for confirmation - review of records
- 8) **Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:**
- validation among a larger group

9)

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

potential misinterpretation due to translation

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10)

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	NAP Dr. Hind Al-Shoumer/NAP Manager	A.I, A.II, A.III, A.IV, A.V

11)

Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 2	Infectious Disease Hospital Dr. Osama Albaqsami/Specialist	A.IV
Respondent 3	Ministry of Planning	A.I
Respondent 4	Armed Forces Lt Colonel Nafel Hawwas Al-Shammari/Public Relations	A.I
Respondent 5	Ministry of Education Dr. Saud Helal Al-Harbi/Director of Curriculum Development	A.III
Respondent 6		
Respondent 7		
Respondent 8		
Respondent 9		
Respondent 10		
Respondent 11		
Respondent 12		
Respondent 13		
Respondent 14		
Respondent 15		
Respondent 16		

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

12)

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

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 1	Ministry of Health	Dr. Hind Al-Shoumer/NAP Manager	B.I, B.II, B.III, B.IV

13)

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 2	Private Sector	Abdul Hadi Abu Rezaq/Private Lawyer	B.I
Respondent 3	Infectious Disease Hospital	Dr. Osama Al Baqsami/Specialist	B.IV
Respondent 4			
Respondent 5			
Respondent 6			
Respondent 7			
Respondent 8			
Respondent 9			
Respondent 10			
Respondent 11			

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Respondent
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Respondent
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14)

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**15) **Part A, Section I: STRATEGIC PLAN****Question 1 (continued)****Period covered:**

1985-1990

16)

1.1 How long has the country had a multisectoral strategy?

Number of Years

0

17)

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	Yes
Women	No	No
Young people	Yes	No
Other*		

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18)

Part A, Section I: STRATEGIC PLAN

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

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

19)

1.4 Were target populations identified through a needs assessment?

No (0)

Page 10

20)

IF NO, explain how were target populations identified?

By agreement of the members of the national AIDS control committee

Page 11

21)

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

Expatriates, Blood Donors, Kidney dialysis patients, transplant patients, health care workers, prisoners, students for police academy and military and national guards, IV drug users admitted to addiction center and HIV contacts

22)

1.6 Does the multisectoral strategy include an operational plan?

No (0)

23)

1.7 Does the multisectoral strategy or operational plan include:

a. Formal programme goals?	No
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?

Moderate involvement (0)

Page 12

25)

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

Because the national committee was established in 1985 and the role of civil society was not recognized or developed

26)

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

No (0)

27)

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

No (0)

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28)

Part A, Section I: STRATEGIC PLAN

Question 1.10 (continued)

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

All areas are out of the scope of ministry of health

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29)

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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30)

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	No
d. Sector-wide approach	No
e. Other: Please specify	

31)

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)	
HIV impact alleviation	No
Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support	No
Reduction of income inequalities as they relate to HIV prevention/treatment, care and/or support	No
Reduction of stigma and discrimination	No
Women's economic empowerment (e.g. access to credit, access to land, training)	No
Other: Please specify	

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32)

Part A, Section I: STRATEGIC PLAN

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

No (0)

Page 17

33)

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

34)

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	No
Condom provision	No
HIV testing and counselling	Yes
Sexually transmitted infection services	Yes
Antiretroviral treatment	Yes
Care and support	Yes
Other: Please specify	

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35)

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):

There is mandatory testing but no counseling

36)

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

37)

Part A, Section I: STRATEGIC PLAN

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

Yes (0)

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38)

Part A, Section I: STRATEGIC PLAN

6.1 IF YES, for which subpopulations?

a. Women	No
b. Young people	No
c. Injecting drug users	Yes
d. Men who have sex with men	Yes
e. Sex Workers	Yes
f. Prison inmates	
g. Migrants/mobile populations	Yes
Other: Please specify	

39)

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

FSWs, homosexuality and drug injections are against the law non-nationals who test positive are deported

40)

Briefly comment on how they pose barriers:

barriers to prevention among MARPs barriers to treatment for non-nationals (only if treatment is unavailable at home country)

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41)

Part A, Section I: STRATEGIC PLAN

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

Yes (0)

Page 24

42)

Part A, Section I: STRATEGIC PLAN

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

No (0)

43)

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

No (0)

Page 25

44)

Part A, Section I: STRATEGIC PLAN

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

Estimates of current and future needs (0)

45)

7.4 Is HIV programme coverage being monitored?

No (0)

Page 29

46)

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

47)

Part A, Section I: STRATEGIC PLAN

Question 7.5 (continued)

Overall, how would you rate strategy planning efforts in the HIV programmes in 2009?

4 (4)

48)

What are remaining challenges in this area:

Updating the national strategic plan
Developing operational policy
Reestablishment of the national AIDS control committee
Addressing the issues of human rights in the national and strategic plan for HIV
Establishment of VCT centers
Use of information technology in HIV prevention , control and management

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49)

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

50)

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

51)

2.1 IF YES, when was it created?

Please enter the year in yyyy format

1985

52)

2.2 IF YES, who is the Chair?

Name	Dr. Ali Al Saif
Position/title	previous assistant undersecretary of public health and he retired since 2009

53)

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?	No
include people living with HIV?	No
include the private sector?	No
have an action plan?	Yes
have a functional Secretariat?	Yes
meet at least quarterly?	No
review actions on policy decisions regularly?	Yes
actively promote policy decisions?	Yes
provide opportunity for civil society to influence decision-making?	
strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?	No

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54)

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

14

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55)

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?

No (0)

Page 35

56)

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

Please enter the rounded percentage (0-100)

0

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

58)

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

No (0)

Page 38

59)

Part A, Section II: POLITICAL SUPPORT

Question 6.1 (continued)

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

7 (7)

60)

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

in February 2010 a ministerial order was issued which re-outlined the roles and responsibilities of the national AIDS program. - implementation of the Amiri decree number 31 in 2008 for pre-marriage medical checkup which included HIV testing.

61)

What are remaining challenges in this area:

- The implementation of the ministerial order (Feb.,2010). - Allocation of resources.

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62)

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

63)

Part A, Section III: PREVENTION

1.1 IF YES, what key messages are explicitly promoted?

Check for key message explicitly promoted (multiple options allowed)

c. Be faithful (0)

i. Use clean needles and syringes (0)

m. Males to get circumcised under medical supervision (0)

64)

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

65)

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?

No (0)

66)

2.1 Is HIV education part of the curriculum in:

primary schools? No
secondary schools? Yes
teacher training? No

67)

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

Yes (0)

68)

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

No (0)

69)

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?

No (0)

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70)

Part A, Section III: PREVENTION

Question 3 (continued)

IF NO, briefly explain:

MARPs are criminalized by law

Page 44

71)

Part A, III. PREVENTION

Question 3.1 (continued)

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

6 (6)

72)

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

-Celebration of the World AIDS Day on 1st of December yearly -Educational activities on HIV in the form of lectures, media messages and press releases & media interviews

73)

What are remaining challenges in this area:

-Web site development for HIV/AIDS prevention and education -Updating of national strategy and policy for education and prevention -Strengthening the relation with Civil Society , media and NGOs

Page 45

74)

Part A, III. PREVENTION

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

No (0)

Page 46

75)

IF NO, how are HIV prevention programmes being scaled-up?

-Since 2004 , the efforts are focused mainly on treatment coverage -Press releases and media interviews for education and prevention -Radio and T.V. programs and interviews in both Arabic and English for education and prevention

76)

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	Don't 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	Don't agree
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	Agree
HIV prevention for out-of-school young people	Agree
HIV prevention in the workplace	Agree
Other: please specify	

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77)

Part A, III. PREVENTION

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

programmes in 2009?

6 (6)

78)

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

-Pre-marriage medical checkup -Education and awareness raising activities -Expatriate medical checkup

79)

What are remaining challenges in this area:

Building partnership with Civil Society and NGOs and media and other programs

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80)

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)

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81)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1.1 IF YES, does it address barriers for women?

Yes (0)

82)

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

No (0)

83)

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

Yes (0)

Page 50

84)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

According to the protocols and guidelines for management.

85)

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

The majority of people in need
have access

HIV treatment, care and support service

Antiretroviral therapy	Agree
Nutritional care	Agree
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	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	Agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	Agree
TB infection control in HIV treatment and care facilities	Agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Agree
HIV treatment services in the workplace or treatment referral systems through the workplace	Agree
HIV care and support in the workplace (including alternative working arrangements)	Agree
Other: please specify	

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86)

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)

87)

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)

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88)

Part A, Section IV: TREATMENT, CARE AND SUPPORT**Question 4 (continued)****IF YES, for which commodities?:**

Brand-name ART

Page 53

89)

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?**

8 (8)

90)

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

-Treatment is available for all HIV infected patients and who need ART - genotyping and phenotyping
-Confidentiality and privacy -Rights of marriage , employment and education

91)

What are remaining challenges in this area:

-Updating policies for social and psychological support -Establishing VCT centers

Page 54

92)

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)

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93)

Part A, Section V: MONITORING AND EVALUATION**1. Does the country have *one* national Monitoring and Evaluation (M&E) plan?**

No (0)

Page 58

94) Part A, Section V: MONITORING AND EVALUATION**Question 1 (continued)****IF NO, briefly describe the challenges:**

-The strategic plan was not reviewed at all -The National AIDS Control Committee needs to be reformulated because most of the members retired and there were no meetings since 2004 -No indicators or mechanisms for M & E

Page 64

95)

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

No (0)

Page 65

96)

IF NO, briefly describe how priorities for M&E are determined:

not determined

97)

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

No (0)

Page 66

98)

Part A, Section V: MONITORING AND EVALUATION**Question 5 (continued)****IF NO, what are the main obstacles to establishing a functional M&E Unit?**

the absence of an M&E strategy

Page 69

99)

What are the major challenges?

the absence of an M&E strategy

Page 70

100)

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)

101)

6.1 Does it include representation from civil society?

No (0)

Page 71

102)

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

No (0)

Page 73

103)

7.3 Is there a functional* Health Information System?

At national level	No
At subnational level	No

Page 74

104)

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

No (0)

105)

9. To what extent are M&E data used

9.1 in developing / revising the national AIDS strategy?:

0

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

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

1 (1)

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107)

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

0

Page 77108) **Part A, Section V: MONITORING AND EVALUATION****10. Is there a plan for increasing human capacity in M&E at national, subnational and service-delivery levels?:**

No (0)

Page 78

109)

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

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

Page 80

110)

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

No (0)

Page 82111) **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?**

0

112)

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

None

113)

What are remaining challenges in this area:

Development of an M&E system

Page 83

114)

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

115)

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

116)

Part B, Section I. HUMAN RIGHTS

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

No (0)

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117)

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

118)

Part B, Section I. HUMAN RIGHTS**Question 4 (continued)**

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

rights of privacy and confidentiality of information protected by law

119)

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

120)

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?

No (0)

Page 91

121)

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

- | | |
|---|-----|
| a. HIV prevention services | Yes |
| b. Antiretroviral treatment | Yes |
| c. HIV-related care and support interventions | Yes |

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122)

Part B, Section I. HUMAN RIGHTS**Question 7 (continued)**

IF YES, given resource constraints, briefly describe what steps are in place to implement these policies and include information on any restrictions or barriers to access for different populations:

no barriers (for nationals)

123)

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

Yes (0)

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124)

Part B, Section I. HUMAN RIGHTS

8.1 In particular, does the country have a policy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?

Yes (0)

125)

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

No (0)

Page 95

126)

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

No (0)

127)

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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128)

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

129)

– **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**

No (0)

130)

– **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)

131)

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

No (0)

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132)

Part B, Section I. HUMAN RIGHTS

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

No (0)

133)

– **Legal aid systems for HIV casework**

No (0)

134)

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

No (0)

135)

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

No (0)

136)

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

No (0)

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137)

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?

3 (3)

138)

What are remaining challenges in this area:

-Protection of HIV affected patients against discrimination -Raising awareness of protecting human rights related to HIV -Raising awareness about legal issues related to HIV

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139)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)

Overall, how would you rate the efforts to enforce the existing policies, laws and regulations in 2009?

5 (5)

140)

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

-the law of pre-marriage medical checkup no.31 in 2008

141)

What are remaining challenges in this area:

-Capacity building for legal issues about HIV -VCT centers establishment

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142)

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?

1 (1)

143)

Comments and examples:

There is a limited support from civil society in HIV educational campaigns which indirectly strengthening the political commitment

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144)

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)?

0

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145)

a. the national AIDS strategy?

0

146)

b. the national AIDS budget?

0

147)

c. national AIDS reports?

0

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148)

a. developing the national M&E plan?

0

149)

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

0

150)

c. M&E efforts at local level?

0

Page 107151) **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)?

0

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152)

a. adequate financial support to implement its HIV activities?

0

153)

b. adequate technical support to implement its HIV activities?

0

Page 109154) **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	<25%
Prevention for most-at-risk-populations	
- Injecting drug users	<25%
- Men who have sex with men	<25%
- Sex workers	<25%
Testing and Counselling	<25%
Reduction of Stigma and Discrimination	<25%
Clinical services (ART/OI)*	<25%
Home-based care	<25%
Programmes for OVC**	<25%

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155)

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

1 (1)

156)

What are remaining challenges in this area:

Active participation of civil society representatives must be considered when updating the national plan and strategies

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157)

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

Yes (0)

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158)

Part B, Section III: PREVENTION**Question 1 (continued)****IF YES, how were these specific needs determined?**

These specific needs for HIV prevention are determined by experience of the members of the National AIDS Control Committee and also based on published data

159)

1.1 To what extent has HIV prevention been implemented?

The majority of people in need
have access

HIV prevention component

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

Risk reduction for sex workers	Don't 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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160)

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

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

7 (7)

161)

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

-Implementation of sterilization and infection control guidelines

162)

What are remaining challenges in this area:

- devising a prevention strategy -Updating of schools curricula -Introduction of HIV education and prevention in training programs for teachers

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163)

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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164)

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

IF YES, how were these specific needs determined?

WHO guidelines (mostly treatment)

165)

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

The majority of people in need
have access

HIV treatment, care and support service

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

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166)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

Question 1.1 (continued)

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

8 (8)

167)

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

-Most of HIV infected people are getting treatment free of charge -WHO guidelines employment - genotyping and phenotyping

168)

What are remaining challenges in this area:

issue of compliance to treatment among a small group of individuals

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169)

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)