

Survey Response Details

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Response Details

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1) Country

Lebanon (0)

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

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Please enter in DD/MM/YYYY format

04/03/2010

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

* Collation and review of key documents related to HIV response in Lebanon * Interviews with key stakeholders representing the governmental/official side as well as representatives of the national non-governmental organizations working in the field of HIV

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

Not applicable

9)

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

NR

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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 National AIDS Control Program	Dr. Mostafa Nakib, Manager- NAP	A.I, A.II, A.III, A.IV, A.V

11)

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 SIDC Ms. Nadia Badran- HIV/AIDS Project Coordinator	B.I, B.II, B.III, B.IV

12)

Organization Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 2 WHO Dr. Alissar Rady- NPO-WHO- Focal Point on HIV	B.I, B.II, B.III, B.IV
Respondent 3	
Respondent 4	
Respondent 5	
Respondent 6	
Respondent 7	
Respondent 8	
Respondent 9	
Respondent 10	
Respondent 11	

Respondent
12
Respondent
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Respondent
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Respondent
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Respondent
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Respondent
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Respondent
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Respondent
19
Respondent
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Respondent
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Respondent
22
Respondent
23
Respondent
24
Respondent
25

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13)

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

2004-2009

15)

1.1 How long has the country had a multisectoral strategy?

Number of Years

5

16)

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

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

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17)

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	Yes
e. Sex workers	Yes
f. Orphans and other vulnerable children	No
g. Other specific vulnerable subpopulations*	Yes
Settings	
h. Workplace	Yes
i. Schools	Yes
j. Prisons	Yes
Cross-cutting issues	
k. HIV and poverty	Yes
l. Human rights protection	Yes
m. Involvement of people living with HIV	Yes
n. Addressing stigma and discrimination	Yes
o. Gender empowerment and/or gender equality	Yes

18)

1.4 Were target populations identified through a needs assessment?

Yes (0)

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19)

Part A, Section I: STRATEGIC PLAN**Question 1.4 (continued)****IF YES, when was this needs assessment conducted?**

Please enter the year in yyyy format

2003

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20)

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

MARPs- Youth-general population, MTCT

21)

1.6 Does the multisectoral strategy include an operational plan?

Yes (0)

22)

1.7 Does the multisectoral strategy or operational plan include:

a. Formal programme goals?	Yes
b. Clear targets or milestones?	Yes
c. Detailed costs for each programmatic area?	Yes
d. An indication of funding sources to support programme?	Yes
e. A monitoring and evaluation framework?	Yes

23)

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

Active involvement (0)

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24)

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

- Multisectoral round table, workshops involving the different sectors, NGO's, UN Agencies and PLHIV. - Consensus and building workshops to agree on action plans

25)

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

Yes (0)

26)

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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27)

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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28)

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	

29)

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	No
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)	Yes
Other: Please specify	

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30)

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

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	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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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):

Training the focal point on VCT to be provided free of charges and voluntary

34)

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

Yes (0)

Page 20

35)

Part A, Section I: STRATEGIC PLAN

5.1 IF YES, for which subpopulations?

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

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36)

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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37)

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	Yes
g. Migrants/mobile populations	Yes
Other: Please specify	

38)

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

- Laws prohibiting: sex work sex among males discrimination against HIV positive prisoners imprisonment of IDU

39)

Briefly comment on how they pose barriers:

- Difficulties in reaching the target populations - Low condom use - High morbidity - High stigma - Overcrowding

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40)

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

41)

Part A, Section I: STRATEGIC PLAN

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

Yes (0)

42)

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

No (0)

Page 25

43)

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)

44)

7.4 Is HIV programme coverage being monitored?

Yes (0)

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45)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (continued)

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

Yes (0)

46)

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

Yes (0)

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47)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (b) (continued)

IF YES, for which population groups?

General Population MARPs (Sex workers (SW), Men having sex with men (MSM), Injecting Drug Users (IDU) and prisoners)

48)

Briefly explain how this information is used:

- Monitoring trends and patters of disease - Monitoring HIV infection with the MARPs - Plan an action plan according to needs - Put projection needs for population size estimation

Page 28

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

Question 7.4 (continued)

(c) Is coverage monitored by geographical area?

No (0)

Page 29

50)

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

51)

Part A, Section I: STRATEGIC PLAN

Question 7.5 (continued)

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

8 (8)

52)

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

- Focus on specific target population (MARPs) - Focus on youth - Enforcing M&E and strategic plan

53)

What are remaining challenges in this area:

- Efforts to change laws - Interrupted delivery of ARV - Focus on specific target population (MARPs)
- Inforcing M&E strategic plans

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54)

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

55)

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

56)

2.1 IF YES, when was it created?

Please enter the year in yyyy format

1989

57)

2.2 IF YES, who is the Chair?

Name	Dr. Mostapha El Nakib
Position/title	National Aids Control Program Manager

58)

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?	No
include the private sector?	Yes
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?	Yes
strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?	Yes

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59)

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

60)

Part A, Section II: POLITICAL SUPPORT

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

- Partnership with NAP, NGOs, Ministries and private sectors - Common action plan - Coordination and field implementation with common M&E plan

61)

Briefly describe the main challenges:

- Lack of sustainability and capacity Lack of adequate funds - Competition and conflict of interest between partners

62)

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)

60

63)

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	

64)

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

Yes (0)

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65)

Part A, Section II: POLITICAL SUPPORT

6.1 IF YES, were policies and laws amended to be consistent with the National AIDS Control policies?

No (0)

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66)

Part A, Section II: POLITICAL SUPPORT

Question 6.1 (continued)

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

9 (9)

67)

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

-Support VCT and OST - Willingness to omit the laws

68)

What are remaining challenges in this area:

- Increasing and lobbying the support to omit laws.

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69)

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

70)

Part A, Section III: PREVENTION

1.1 IF YES, what key messages are explicitly promoted?

Check for key message explicitly promoted (multiple options allowed)

- a. Be sexually abstinent (0)
- b. Delay sexual debut (0)
- c. Be faithful (0)
- d. Reduce the number of sexual partners (0)
- e. Use condoms consistently (0)
- f. Engage in safe(r) sex (0)
- g. Avoid commercial sex (0)
- h. Abstain from injecting drugs (0)
- i. Use clean needles and syringes (0)
- j. Fight against violence against women (0)

- k. Greater acceptance and involvement of people living with HIV (0)
- l. Greater involvement of men in reproductive health programmes (0)
- m. Males to get circumcised under medical supervision (0)
- n. Know your HIV status (0)
- o. Prevent mother-to-child transmission of HIV (0)

71) In addition to the above mentioned, please specify other key messages explicitly promoted:

OST AND VCT

72)

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

Yes (0)

Page 41

73)

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)

74)

2.1 Is HIV education part of the curriculum in:

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

75)

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

Yes (0)

76)

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

Yes (0)

77)

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)

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78)

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

Check which specific populations and elements are included in the policy/strategy

Targeted information on risk reduction and HIV education	Injecting drug user, Men having sex with men, Sex workers, Clients of sex workers, Prison inmates, Other populations
Stigma and discrimination reduction	Injecting drug user, Men having sex with men, Sex workers, Clients of sex workers, Prison inmates, Other populations
Condom promotion	Injecting drug user, Men having sex with men, Sex workers, Clients of sex workers, Prison inmates, Other populations
HIV testing and counselling	Injecting drug user, Men having sex with men, Sex workers, Clients of sex workers, Prison inmates, Other populations
Reproductive health, including sexually transmitted infections prevention and treatment	Injecting drug user, Men having sex with men, Sex workers, Clients of sex workers, Prison inmates, Other populations
Vulnerability reduction (e.g. income generation)	
Drug substitution therapy	Injecting drug user
Needle & syringe exchange	

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79) **Part A, III. PREVENTION**

Question 3.1 (continued)

You have checked one or more policy/strategy for "Other populations". Please specify what are "other populations".

Religious leaders

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80)

Part A, III. PREVENTION

Question 3.1 (continued)

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

8 (8)

81)

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

OST, VCT , ARV, Drop in Centers for target population

82)

What are remaining challenges in this area:

- Needle exchange -Amendment of laws

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83)

Part A, III. PREVENTION

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

Yes (0)

Page 46

84)

Part A, III. PREVENTION

Question 4 (continued)

IF YES, how were these specific needs determined?

-Target population-MARPS - Find support - Cooperation of NGOs - Participation of PLHIV

85)

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	Agree
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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86)

Part A, III. PREVENTION

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

8 (8)

87)

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

- Provisin of condoms - Provision of ARV

88)

What are remaining challenges in this area:

- Ressource mobilization - High turn over of skilled staff

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89)

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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90)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1.1 IF YES, does it address barriers for women?

Yes (0)

91)

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

Yes (0)

92)

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

Yes (0)

Page 50

93)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 2 (continued)

IF YES, how were these determined?

- Epidimiological report on ARV coverage - Treatment and guidance and eligible criteria

94)

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	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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95)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

3. Does the country have a policy for developing/using generic drugs or parallel

importing of drugs for HIV?

Yes (0)

96)

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

Yes (0)

Page 52

97)

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

- Condoms - ARVs - Treatments

Page 53

98)

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)

99)

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

- Universal coverage of ARV - Coverage of novope

Page 54

100)

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?

N/A (0)

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101)

Part A, Section V: MONITORING AND EVALUATION

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

Yes (0)

Page 58

102)

1.1 IF YES, years covered:

Please enter the start year in yyyy format below

2004

103)

1.1 IF YES, years covered:

Please enter the end year in yyyy format below

2009

104)

1.2 IF YES, was the M&E plan endorsed by key partners in M&E?

Yes (0)

105)

1.3 IF YES, was the M&E plan developed in consultation with civil society, including people living with HIV?

Yes (0)

106)

1.4 IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?

Yes, most partners (0)

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107)

Part A, Section V: MONITORING AND EVALUATION

2. Does the national Monitoring and Evaluation plan include?

a data collection strategy	Yes
a well-defined standardised set of indicators	Yes
guidelines on tools for data collection	Yes
a strategy for assessing data quality (i.e., validity, reliability)	Yes
a data analysis strategy	Yes
a data dissemination and use strategy	Yes

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108)

Part A, Section V: MONITORING AND EVALUATION**Question 2 (continued)**

If you check "YES" indicating the national M&E plan include a data collection strategy, then does this data collection strategy address:

routine programme monitoring	Yes
behavioural surveys	Yes
HIV surveillance	Yes
Evaluation / research studies	Yes

109)

3. Is there a budget for implementation of the M&E plan?

Yes (0)

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110)

Part A, Section V: MONITORING AND EVALUATION**3.1 IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities?**

Please enter the rounded percentage (1-100). If the percentage is less than 1, please enter "1".

20

111)

3.2 IF YES, has full funding been secured?

No (0)

112)

3.3 IF YES, are M&E expenditures being monitored?

No (0)

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113)

Part A, Section V: MONITORING AND EVALUATION**Question 3.2 (continued)**

IF you answer "NO" i.e., indicating the full funding has NOT been secured, briefly describe the challenges:

Not enough funding Lack of PMTCT M&E in hospital settings

114)

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

Yes (0)

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115)

Part A, Section V: MONITORING AND EVALUATION

Question 4 (continued)

IF YES, briefly describe how often a national M&E assessment is conducted and what the assessment involves:

All the action plan and activities have an M&E compoments M&E made

116)

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

Yes (0)

Page 66

117)

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

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

118) Number of permanent staff:

Please enter an integer greater than or equal to 0

2

119) Number of temporary staff:

Please enter an integer greater than or equal to 0

2

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120)

Part A, Section V: MONITORING AND EVALUATION

Question 5.2 (continued)

Please describe the details of all the permanent staff:

	Position	Full time/Part time?	Since when? (please enter the year in yyyy format)
Permanent staff 1	M&E Officer	Full time	2009
Permanent staff 2	M&E Officer	Part time	2009
Permanent staff 3			
Permanent staff 4			
Permanent staff 5			
Permanent staff 6			
Permanent staff 7			
Permanent staff 8			
Permanent staff 9			
Permanent staff 10			
Permanent staff 11			
Permanent staff 12			
Permanent staff 13			
Permanent staff 14			
Permanent staff 15			

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121)

Part A, Section V: MONITORING AND EVALUATION

5.3 IF YES, are there mechanisms in place to ensure that all major implementing partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?

Yes (0)

Page 69122) **Part A, Section V: MONITORING AND EVALUATION****Question 5.3 (continued)**

IF YES, briefly describe the data-sharing mechanisms:

-VCT forms and coupons - HIV reported

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123)

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)

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124)

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

Yes (0)

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125)

Part A, Section V: MONITORING AND EVALUATION**7.1 IF YES , briefly describe the national database and who manages it:**

Two database 1- One for HIV reported cases 2- one for VCT forms Both are managed by the NAP M&E officers

126)

7.2 IF YES, does it include information about the content, target populations and geographical coverage of HIV services, as well as their implementing organizations?

Yes, all of the above (0)

Page 73

127)

7.3 Is there a functional* Health Information System?

At national level Yes
At subnational level No

Page 74

128)

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

Yes (0)

129)

9. To what extent are M&E data used**9.1 in developing / revising the national AIDS strategy?:**

4 (4)

130)

Provide a specific example:

Through revising the latest reported HIV cases and VCT cases The trends and patterns of the

disease were determined and hence four APs were designed to specifically target the MARPS, youth, PMTCT, and PLHIV

131)

What are the main challenges, if any?

- Ressource and communnity mobilization - Difficully of changig and erradicating discriminatory laws - Hard to find population -Highly mobile

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

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

4 (4)

133)

Provide a specific example:

Identify target population and helping put budgeted plans

134)

What are the main challenges, if any?

ressource mobilization

Page 76

135)

Part A, Section V: MONITORING AND EVALUATION

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

4 (4)

136)

Provide a specific example:

Designed programs according to the needs and evaluation of activities

137)

What are the main challenges, if any?

Lack of funding Access to target population

Page 77

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

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

Yes, but only addressing some levels (0)

Page 78

139) Part A, Section V: MONITORING AND EVALUATION

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

at national level (0)

140)

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

At national level?	Yes
At subnational level?	Yes
At service delivery level including civil society?	Yes

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141) Part A, Section V: MONITORING AND EVALUATION

Question 10.1 (continued)

Please enter the number of people trained at national level.

Please enter an integer greater than 0

3

142) Please enter the number of people trained at subnational level.

Please enter an integer greater than 0

60

143) Please enter the number of people trained at service delivery level including civil society.

Please enter an integer greater than 0

80

Page 80

144)

Part A, Section V: MONITORING AND EVALUATION

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

Yes (0)

Page 81**145) Part A, Section V: MONITORING AND EVALUATION****Question 10.2 (continued)****IF YES, describe what types of activities:**

Implementation of M&E in different services such as VCT in addition to program evaluation

Page 82**146) 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?**

9 (9)

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

- Recruitment of 2 M&E officer in the NAP - Participation of the M&E officers at various regional and national capacity building workshops and capacity building

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

- Sustainability of trainees - Lack of findings for M&E activities

Page 83**149)****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**150)****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

151)

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

152)

Part B, Section I. HUMAN RIGHTS**3.1 IF YES, for which subpopulations?**

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

Page 88153) **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

154)

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

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

National Strategic Plan Access to prevention, care, treatment and support

155)

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

156)

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

157)

Part B, Section I. HUMAN RIGHTS

Question 6 (continued)

IF YES, describe some examples:

Specific National Strategic Plan targeted and costed Action plans for the most at risk populations

158)

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 |

Page 92

159)

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

Yes (0)

Page 93

160)

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)

161)

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

Yes (0)

Page 94

162)

Part B, Section I. HUMAN RIGHTS

Question 9 (continued)

IF YES, briefly describe the content of this policy:

The National Strategic Plan ensures full access to the services for the population and entails specific segments for MARPs

163)

9.1 IF YES, does this policy include different types of approaches to ensure equal access for different most-at-risk populations and/or other vulnerable sub-populations?

Yes (0)

Page 95

164)

Part B, Section I. HUMAN RIGHTS

Question 9.1 (continued)

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

Voluntary Counselling and Testing Outreach services Referral Drop in centers OST

165)

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

No (0)

166)

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?

No (0)

Page 97

167)

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

No (0)

168)

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

No (0)

169)

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

No (0)

Page 99

170)

Part B, Section I. HUMAN RIGHTS

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

Yes (0)

171)

– **Legal aid systems for HIV casework**

No (0)

172)

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

Yes (0)

173)

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

Yes (0)

174)

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

Yes (0)

Page 100

175)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)

IF YES, what types of programmes?

Media	Yes
School education	Yes
Personalities regularly speaking out	Yes
Capacity building for PLWHA, Healthcare workers nad religious leaders	Yes

Page 101

176)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)

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

0

Page 102

177)

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?

0

Page 103

178)

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?

4 (4)

179)

Comments and examples:

Involvement of religious leaders, stakeholders, Ministries and UN Agencies Chart of rights of PLWHA

Page 104

180)

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)

181)

Comments and examples:

Development of seven specific action plans with elaborated costs by an objective consultant

Page 105

182)

a. the national AIDS strategy?

5 (5)

183)

b. the national AIDS budget?

3 (3)

184)

c. national AIDS reports?

3 (3)

185)

Comments and examples:

Reports on activities in the AIDS bulletin Information-sharing

Page 106

186)

a. developing the national M&E plan?

2 (2)

187)

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

2 (2)

188)

c. M&E efforts at local level?

2 (2)

189)

Comments and examples:

M&E of VCT services M&E of the specific MARP Action Plans

Page 107**190) 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)?**

5 (5)

Page 108

191)

a. adequate financial support to implement its HIV activities?

2 (2)

192)

b. adequate technical support to implement its HIV activities?

4 (4)

193)

Comments and examples:

Qualified individuals and HIV focal points Training/capacity building and technical support Low resource mobilization due to Lebanon's illegibility to the Global Fund

Page 109**194) 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%
Prevention for most-at-risk-populations	
- Injecting drug users	>75%
- Men who have sex with men	>75%
- Sexworkers	>75%
Testing and Counselling	>75%
Reduction of Stigma and Discrimination	>75%
Clinical services (ART/OI)*	<25%
Home-based care	<25%
Programmes for OVC**	<25%

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195)

Part B, Section II. CIVIL SOCIETY PARTICIPATION**Question 7 (continued)**

Overall, how would you rate the efforts to increase civil society participation in 2009?

3 (3)

196)

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

Inclusion of the civil society in VCT and upscaling HIV services

197)

What are remaining challenges in this area:

Resource mobilization Participatory M&E (human and financial resources)

Page 111

198)

Part B, Section III: PREVENTION

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

Yes (0)

Page 112

199)

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

National Strategic Plan Integrated Bio-Behavioral Survey Knowledge, Attitude, Beliefs and Practices of the Lebanese Population concerning HIV/AIDS

200)

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	Agree
Condom promotion	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	Agree
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	Don't agree
HIV prevention in the workplace	Don't agree
Other: please specify	N/A

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201)

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?**

4 (4)

202)

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

Increased Outreach to the MARPs
Development of Voluntary Counselling and Testing Centers
Introduction and development of the clinical guidelines of Opioid Substitution Therapy

203)

What are remaining challenges in this area:

Difficult access to the populations (MARPs) Financial sustainability of the projects

Page 114

204)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

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

Yes (0)

Page 115

205)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

Question 1 (continued)

IF YES, how were these specific needs determined?

Provision of ARVs is determined according to WHO guidelines CD4 count nad viral load psychosocial support

206)

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

	The majority of people in need have access
HIV treatment, care and support service	
Antiretroviral therapy	Agree
Nutritional care	Don't agree
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Don't 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	Don't 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	N/A
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)

Other: please specify

Don't agree

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207)

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?**

2 (2)

208)

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

The establishment of the ARV dispensary at the National AIDS Control Program

209)

What are remaining challenges in this area:

Continuity of delivering the drugs- Interruption of ARV delivery Care is not supported/covered by the Ministry of Public Health- CD4 count and viral loads are done out of the patients' pockets Medical exams and check-ups are done at the patients' expenses

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210)

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)