

Survey Response Details

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Response Details

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1) Country

Montenegro (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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7) Date of submission:

Please enter in DD/MM/YYYY format

31/03/2010

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

National secretary collects data from the field from NGOs and government sector, prepares the Report, presents the draft of the Report at the meeting of NAC and finally sends online UNGASS and Narrative report.

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

There was no disparity neither about the data nor about the report with respect to specific questions.

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

There was no concerns about the prepared report, except the constraints in regard to lack of human resources that monitor the registration and reporting. These constraints will be used for scaling up the control of quality of collected data for the next period.

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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	IPH/MoH Marjanovic/ NAC Sekretar	A.I, A.II, A.III, A.IV, A.V

12)

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 2	Institute for Public Health (IPH)	B. Mugosa/, MD, Director, National Focal Point	A.I, A.II, A.III, A.IV, A.V
Respondent 3	Clinical Center of Montenegro/ Infectious Disease Clinic	B.Dupanovic/director, MD, member of NAC	A.IV
Respondent 4			
Respondent 5			
Respondent 6			
Respondent 7			
Respondent 8			
Respondent 9			
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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	IPH/MoH	Marjanovic/NAC Sekretary	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	UNAIDS	Vladan Golubovic/ Focal Point	B.I
Respondent 3	WHO	Mina Brajovic/ Head of Country Office	B.I
Respondent 4	UNICEF	Branka Kovacevic/ Programme Specialist	B.I
Respondent 5	NGO Juventas	Ivana Vojvodic/ Executive Director	B.I, B.II, B.III, B.IV
Respondent 6	NGO Juventas	Tijana Pavicevic/ Programme Director	B.I, B.II, B.III, B.IV
Respondent 7	UNDP	Itana Labovic/ Programme Manager/ M&E Officer with the GFATM PIU	B.I, B.II, B.III, B.IV
Respondent	NGO CAZAS	Amela Kovacevic/ Programme Manager	B.I B.II B.III B.IV

- 8 Respondent
- 9 Respondent
- 10 Respondent
- 11 Respondent
- 12 Respondent
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- 21 Respondent
- 22 Respondent
- 23 Respondent
- 24 Respondent
- 25 Respondent

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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)

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

Question 1 (continued)**Period covered:**

2010-2014

17)

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

6

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	Yes
Labour	No	No
Transportation	No	No
Military/Police	No	No
Women	No	No
Young people	Yes	Yes
Other*	Yes	Yes

Page 8**19) Part A, Section I: STRATEGIC PLAN****Question 1.2 (continued)****If "Other" sectors are included, please specify:**

Tourism

20)

IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specific activities?

In order to insure the implementation of specific activities for the respective sectors that are included in the multisectoral strategy, the resources are being raised from the donors or specified in the project proposals.

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21)

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	No
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

22)

1.4 Were target populations identified through a needs assessment?

Yes (0)

Page 10

23)

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

2004

Page 11

24)

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

MSM, IDUs, SWs, prisoners, merchant marines, youth, pregnant women, tourist workers, PLHIV, MARA, RAE and health professionals.

25)

1.6 Does the multisectoral strategy include an operational plan?

Yes (0)

26)

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

27)

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

28)

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

Within NAC there are four NGOs that are dealing with HIV prevention issues, work with the target groups (IDUs, SWs, MSM, youth, women, prisoners, RAE population, merchant marines and tourist workers), support to PLHIV and their families, human rights and patient/ client rights. These NGOs have their own representatives whose voice is important for reaching the agreement and adopting the propositions of the National AIDS Commission. NGO sector actively participate in all the phases of the national response to HIV including drafting of the National Strategy, preparing an Action plan, preparing the national projects on the basis of guidelines of various donors, preparing the national campaigns, active participation in the researches and outreach work, etc.

29)

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

Yes (0)

30)

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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31)

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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32)

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	No
b. Common Country Assessment / UN Development Assistance Framework	No
c. Poverty Reduction Strategy	Yes
d. Sector-wide approach	Yes
e. Other: National Strategic Response to Drug Abuse	No

33)

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	Yes
Reduction of stigma and discrimination	Yes
Women's economic empowerment (e.g. access to credit, access to land, training)	No
Other: Please specify	No

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34)

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

35)

4. Does the country have a strategy for addressing HIV issues among its national

uniformed services (such as military, police, peacekeepers, prison staff, etc)?

No (0)

Page 19

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)

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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)

Page 22

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	No
d. Men who have sex with men	No
e. Sex Workers	Yes
f. Prison inmates	No
g. Migrants/mobile populations	No
Other: Please specify	No

39)

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

Prostitution and commercial sex work is prohibited activity sentenced by the criminal law. This restriction makes the preventive efforts difficult because SWs do not have the health insurance, cannot declare publically with its profession and in that way cannot be included in HIV preventive programs. Outreach programs are implemented successfully in cooperation of NGO sector and health institutions temporary regulated by the cooperation on the programmatic tasks with the Ministry of Interior and in compliance with NAC.

40)

Briefly comment on how they pose barriers:

Decriminalization of prostitution/ commercial sex work.

Page 23

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?**

Yes (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 needs only (0)

45)

7.4 Is HIV programme coverage being monitored?

Yes (0)

Page 26

46)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (continued)**(a) IF YES, is coverage monitored by sex (male, female)?**

Yes (0)

47)

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

Yes (0)

Page 27

48)

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

IDUs, MSM, RAE, merchant marines, SWs, tourist workers, youth.

49)

Briefly explain how this information is used:

The coverage of the target populations is used to plan preventive programs on the year basis so as within the project activities.

Page 2850) **Part A, Section I: STRATEGIC PLAN****Question 7.4 (continued)****(c) Is coverage monitored by geographical area?**

Yes (0)

Page 29

51)

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

At geographical level Montenegro have 21 administrative units but there is a division on south, north and central region. In that way the monitoring is conducted also at the city or municipality level but in relation to the regions.

52)

Briefly explain how this information is used:

The coverage of target populations is used in order to plan prevention programs on year basis so as within the project activities.

53)

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

54)

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)

55)

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

Main achievements in this area are: Scale up of prevention activities for target populations, conducted baseline researches that enabled an insight into "hard to reach populations"/ hidden populations i possibilities for planning strategic evidence-based documents.

56)

What are remaining challenges in this area:

Estimation of MARP population, legal approach to prevention programs for SWs populaton, destigmatization of specific populations (MSM)...

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57)

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	No

58)

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

59)

2.1 IF YES, when was it created?

Please enter the year in yyyy format

2002

60)

2.2 IF YES, who is the Chair?

Name Miodrag Radunovic

Position/title Minister of Health in the Government of Montenegro

61)

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

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62)

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

19

63)

If you answer "yes" to the question "does the National multisectoral AIDS coordination

body include civil society representatives", how many?

Please enter an integer greater than or equal to 1

4

64)

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

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65)

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

66)

Part A, Section II: POLITICAL SUPPORT

Question 3 (continued)

IF YES, briefly describe the main achievements:

Since 2006 in line with beginning of implementation of the GFATM project, there was established CCM consisted of 29 members from various governmental, non-governmental, multilateral, religious and private sectors. There exist transparent documents through which is conducted a control of work within national HIV response among the partners. Main achievements are better coordination of the national response and creation of more efficient and comprehensive prevention programs.

67)

Briefly describe the main challenges:

Main challenges are financing of the Country Coordinating Mechanism (CCM), sustainability of this mechanism after the completion of GFATM project, so as sustainability of work of NAC within the Ministry.

68)

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

69)

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	No

70)

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

71)

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)

72)

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

The key achievements are: better coordination between the implementing institutions and partners, and improved creation of the national programme and programmatic activities.

73)

What are remaining challenges in this area:

The remaining challenge in this area is political support to capacity building in the area of M&E of the national response.

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74)

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

75)

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)
- c. Be faithful (0)
- d. Reduce the number of sexual partners (0)
- e. Use condoms consistently (0)
- f. Engage in safe(r) 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)
- n. Know your HIV status (0)
- o. Prevent mother-to-child transmission of HIV (0)

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

There are no other key messages.

77)

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

78)

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)

79)

2.1 Is HIV education part of the curriculum in:

primary schools? Yes

secondary schools? No

teacher training? Yes

80)

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

Yes (0)

81)

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

Yes (0)

82)

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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83)

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, Prison inmates, Other populations
Stigma and discrimination reduction	Injecting drug user, Men having sex with men, Sex workers, Prison inmates, Other populations
Condom promotion	Injecting drug user, Men having sex with men, Sex workers, Prison inmates, Other populations
HIV testing and counselling	Injecting drug user, Men having sex with men, Sex workers, Other populations
Reproductive health, including sexually transmitted infections prevention and treatment	Injecting drug user, Men having sex with men, Sex workers
Vulnerability reduction (e.g. income generation)	
Drug substitution therapy	Injecting drug user

Page 43**84) 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".

Merchant marines, tourist workers and RAE population.

Page 44

85)

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)

86)

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

Harm reduction programs (OST, N&SE, condom distribution), VCT promotion, subject "Healthy life styles" in primary schools, outreach work.

87)

What are remaining challenges in this area:

Introduction of subject Healthy life styles in the secondary schools curricula, establishing two more OST centers, etc.

Page 45

88)

Part A, III. PREVENTION

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

Yes (0)

Page 46

89)

Part A, III. PREVENTION**Question 4 (continued)**

IF YES, how were these specific needs determined?

Specific needs can be determined on the basis of data from the researches that are conducted among the populations in risk.

90)

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	Don't 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	Agree
Other: please specify	

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91)

Part A, III. PREVENTION

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

8 (8)

92)

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

Enhanced access to VCT services, outreach work, harm reduction programs and N&SE, many baseline data from the researches (behavioural and bio-behavioural).

93)

What are remaining challenges in this area:

Reduction of stigma and discrimination of MSM population.

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94)

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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95)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1.1 IF YES, does it address barriers for women?

No (0)

96)

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

No (0)

97)

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

Yes (0)

Page 50

98)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 2 (continued)

IF YES, how were these determined?

On the basis of needs assessment of people living with HIV and their health problems.

99)

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	Don't agree
Paediatric AIDS treatment	N/A
Sexually transmitted infection management	Don't agree
Psychosocial support for people living with HIV and their families	Don't agree
Home-based care	Agree
Palliative care and treatment of common HIV-related infections	Don't agree
HIV testing and counselling for TB patients	Don't 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)	Don't 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	Don't agree

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100)

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)

101)

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?

No (0)

Page 53

102)

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)

103)

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

Key achievements were improvement of procurement and supply of ART, diagnostics and monitoring of effects of the therapy.

104)

What are remaining challenges in this area:

The remaining challenges in this area are implementation of PMTCT, counseling and testing for TB patients, scaling up of STI management, clear defining of PEP protocol for non-occupational accidents (raping), etc.

Page 54

105)

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)

Page 57

106)

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

In progress (0)

Page 64

107)

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

No (0)

Page 65

108)

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

Priorities for M&E will be determined on the basis of action plan within the National Strategy 2010-2014. There are priorities for this area but they are related to the GFATM project because it is being regularly registered and reported towards the Global Fund.

109)

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

In progress (0)

Page 69

110)

What are the major challenges?

The major challenges are: lack of human resources, capacity building, harmonization with PU of the donor projects, improvement of the II generation of surveillance and respecting the laws related to monitoring the data from the National response: Law on Health Protection, Law on Protection from Infectious Diseases, Law on Health Evidences, rights of the patients so as respecting the human rights and rights on information confidentiality.

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111)

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?

Yes, but meets irregularly (0)

112)

6.1 Does it include representation from civil society?

Yes (0)

Page 71

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

Question 6.1 (continued)

IF YES, briefly describe who the representatives from civil society are and what their role is:

Representatives are from all NGOs that participate in the NAC and are always actively involved in the working group during the creation of M&E documents.

114)

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

No (0)

Page 73

115)

7.3 Is there a functional* Health Information System?

At national level	Yes
At subnational level	No

Page 74

116)

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

Yes (0)

117)

9. To what extent are M&E data used

9.1 in developing / revising the national AIDS strategy?:

4 (4)

118)

Provide a specific example:

Preparation of priorities for drafting an Action plan of the new National Strategy and its eventual revision after a while.

119)

What are the main challenges, if any?

The challenges are possibility of revision of already accepted strategic document and justification for changes that may happen and be brought based on monitoring.

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120) Part A, Section V: MONITORING AND EVALUATION

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

4 (4)

121)

Provide a specific example:

During the preparation of the budget of researches and determining the size of the sample in order to plan the predicted resources.

122)

What are the main challenges, if any?

Possibility of creating an estimation that will give clear values of the resources that need to be allocated.

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123)

Part A, Section V: MONITORING AND EVALUATION

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

4 (4)

124)

Provide a specific example:

Determining the population size that will be covered with the programme improves the purpose and meaning of the planned programmes.

125)

What are the main challenges, if any?

Challenge would be the control of quality of data collection from the field that is necessary for its scale up.

Page 77**126) 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, at all levels (0)

Page 78

127)

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

128)

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

No (0)

Page 82**129) 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?**

5 (5)

130)

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

Key achievement is that M&E of the GFATM project has shown the importance of monitoring in regard to the whole national response. In accordance with M&E plan there have been planned researches, programmes and interventions and conducted preparation of an action plan for the new strategy 2010-2014.

131)

What are remaining challenges in this area:

The remaining challenge in this area would be establishment of the National M&E unit and its sustainability.

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132)

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.)

Yes (0)

Page 84

133)

Part B, Section I. HUMAN RIGHTS

1.1 IF YES, specify if HIV is specifically mentioned and how or if this is a general nondiscrimination provision:

These regulations exist through laws on schooling, education, work, health protection. However, HIV is not mentioned in them in this sense.

134)

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

No (0)

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135)

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)

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136)

Part B, Section I. HUMAN RIGHTS

3.1 IF YES, for which subpopulations?

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

137)

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

Sex work is a felony and it is sentenced by the Criminal Law of Montenegro. SWs do not have an access to the health protection through its basic profession and there is a question of their visibility because they can be prosecuted.

138)

Briefly comment on how they pose barriers:

They are adapting to the situation and trying to live their lives as normal as it is possible. Of course, they are facing a lot of conflict situations and it remains a challenge.

Page 88139) **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

140)

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

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

Human rights are mentioned through inclusion of all partners in activities on reduction of stigma and discrimination and in creation of supportive environment for treatment, care and support for PLHIV and their families and partners.

141)

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

142)

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

143)

Part B, Section I. HUMAN RIGHTS**Question 6 (continued)**

IF YES, describe some examples:

Involvement of PLHIV in work of NAC, checking IEC materials by members of MARPs and those intended to, strengthening of peer education, capacity building of NGOs lead by these target groups (example: former IDUs, PLHIV, etc.).

144)

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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145)

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:

All the mentioned services are free of charge and accessible for all citizens of Montenegro. The barriers occur if beneficiaries of these services are not citizens of Montenegro and are not on the list of National Health Insurance Fund as beneficiaries.

146)

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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147)

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)

148)

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)

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149)

Part B, Section I. HUMAN RIGHTS**Question 9 (continued)**

IF YES, briefly describe the content of this policy:

There is no division of beneficiaries on MARPs and non MARPs. It is enough for the beneficiary to be the citizen of MNE and insured person in the NHIF.

150)

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?

No (0)

Page 95

151)

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

No (0)

152)

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)

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153)

– 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)

154)

– 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)

155)

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

No (0)

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156)

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)

157) – **Legal aid systems for HIV casework**

No (0)

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

No (0)

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

No (0)

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

Yes (0)

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161)

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: please specify	No

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162)

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?

5 (5)

163)

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

Raising awareness on the necessity of antidiscrimination legislative specifically addressing HIV. Antidiscrimination Law is in the process of drafting and adopting.

164)

What are remaining challenges in this area:

Acceptance of antidiscrimination law and its implementation, establishing LGBT NGO(s), destigmatization of MSM population, etc.

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165)

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?

8 (8)

166)

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

Harmonization with an EU legislation.

167)

What are remaining challenges in this area:

Antidiscrimination Law.

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168)

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)

169)

Comments and examples:

Full involvement in all the phases of creation of strategic documents and action plan, nomination of law amendments, monitoring of human rights violation, etc.

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170)

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)?

4 (4)

171)

Comments and examples:

Members of all NGOs within the NAC are included in certain phases of development of these strategic documents from participation in the working groups to participation in the groups for supervision.

Page 105

172)

a. the national AIDS strategy?

4 (4)

173)

b. the national AIDS budget?

3 (3)

174)

c. national AIDS reports?

3 (3)

Page 106

175)

a. developing the national M&E plan?

3 (3)

176)

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

4 (4)

177)

c. M&E efforts at local level?

3 (3)

Page 107**178) 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)

179)

Comments and examples:

There are no PLHIV organization in Montenegro but there are organizations that provide support to PLHIV and their families and friends. NGO sector is a bridge that connects PLHIV and institutions of the system.

Page 108

180)

a. adequate financial support to implement its HIV activities?

3 (3)

181)

b. adequate technical support to implement its HIV activities?

3 (3)

182)

Comments and examples:

CSOs mostly secure its financial and technical support through donations or submitting project proposals. There are no sources for their work in the national HIV budget because the one does not exist.

Page 109**183) 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	51-75%
Prevention for most-at-risk-populations	
- Injecting drug users	>75%
- Men who have sex with men	>75%
- Sex workers	>75%
Testing and Counselling	<25%

Reduction of Stigma and Discrimination	>75%
Clinical services (ART/OI)*	<25%
Home-based care	<25%
Programmes for OVC**	<25%

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184)

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)

185)

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

Involvement in an outreach work, cooperation with governmental institutions in preparation of the research and sample size.

186)

What are remaining challenges in this area:

Enhancing the number of organizations whose members and employees are people directly involved in the problem (PLHIV organizations).

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187)

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

Yes (0)

Page 112

188)

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

They are determined based on behavioural and bio-behavioural researches among members of MARPs (IDUs, MSM, SWs), based on the data from the harm reduction program among IDUs, MSM and SWs, based on the data from the field (outreach work), etc.

189)

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	Don't 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	Don't 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	Agree
Other: please specify	Don't agree

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190)

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?

8 (8)

Page 114

191)

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

192)

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

IF YES, how were these specific needs determined?

Based on the needs of PLHIV that are being monitored through regular check at the Infectious Disease Clinic, so as on pilot survey conducted for the first time on a small number of PLHIV by NGO CAZAS in 2008 and dealing with needs of PLHIV and their families.

193)

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	Don't agree
Sexually transmitted infection management	Don't 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	Don't agree
HIV testing and counselling for TB patients	Don't 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)	Don't 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	Don't agree

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194)

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?

7 (7)

195)

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

There was succeeded in applying and procuring ART. There has been provided a centralized continued procurement of ART through Public Pharmaceutical Institution "Montefarm" and Infectious Disease Clinic of the Clinical center of Montenegro. Also, there has been improved diagnostics and surveillance of the effects of the therapy (provided PCR and CD4 counter).

196)

What are remaining challenges in this area:

Psihosocial support for PLHIV and their families.

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197)

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?

N/A (0)