

Survey Response Details

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Response Details

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1) Country

Seychelles (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

18/03/2010

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

Documents review; Administration of the NCPI questionnaire to relevant stakeholders Validation workshop

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

While compiling the responses from questionnaires, the National Aids Programme gathered additional information to help in discussions. During the validation workshop, any point was discussed and agreed on before proceeding to the following point.

10)

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

No particular concern

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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	President's Office (State house)	Maria PAYET MARIE (Mrs)	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	National Aids Council	Jude GEDEON (Dr) / Member	A.I, A.II, A.III, A.IV, A.V
Respondent 3	Ministry of Health and Social Development	Jude GEDEON (Dr) / Public Health Commissioner	A.I, A.II, A.III, A.IV, A.V
Respondent 4	National Aids Trust Fund	Jude GEDEON (Dr) / Chairperson	A.I, A.II, A.III, A.IV, A.V
Respondent 5	National Technical Advisory Committee	Anne GABRIEL (Dr) / Chairperson	A.I, A.II, A.III, A.IV, A.V
Respondent 6	Ministry of Health and Social Development	Shobha HAJARNIS / DG Public Health Division	A.I, A.II, A.III, A.IV, A.V
Respondent 7	National Aids control Programme	Myra BIJOUX / Health Promotion Officer	A.I, A.II, A.III, A.IV, A.V
Respondent 8	Attorney General Office	Carmene CESAR (Mrs) /	A.I, A.II, A.III, A.IV, A.V
Respondent 9	National Statistics Bureau	Jude PADAYACHY / CEO	A.I, A.II, A.III, A.IV, A.V
Respondent 10	Ministry of Health and Social Development	Joachim DIDON / Director EPidemiology and Statistics	A.I, A.II, A.III, A.IV, A.V
Respondent 11	Ministry of Finance	Michelle TOMKINSON (Ms) / Technical Special Advisor	A.I, A.II, A.III, A.IV, A.V
Respondent 12	Ministry of Health and Social Development	Jeanine FAURE (Mrs) / Nurse	A.I, A.II, A.III, A.IV, A.V
Respondent 13	Ministry of Health and Social Development	Tania LABICHE (Miss) / Senior Research Officer	A.I, A.II, A.III, A.IV, A.V
Respondent	National Aids Control	Rosie BISTOUIET (Ms) /	

- Respondent National AIDS Control
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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	World Health Organization (WHO)	Cornelia ATSYOR / WHO Liaison Officer	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	HIV and AIDS Support Organization (HASO)	Justin FREMINOT/ President	B.I, B.II, B.III
Respondent 3	SEYCHELLES BREWERIES	Maryanne ERNESTA / Personnal Assistant to the Managing Director	B.I, B.II, B.III, B.IV
Respondent 4	UNDP/UNAIDS	Jacques SINDAYIGAYA/ HIV&AIDS Technical Advisor (UNV)	B.I, B.II, B.III, B.IV
Respondent 5			
Respondent 6			
Respondent 7			
Respondent 8			

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15)

Part A, Section I: STRATEGIC PLAN**1. Has the country developed a national multisectoral strategy to respond to HIV?**

(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as the ones listed under 1.2)

Yes (0)**Page 7**16) **Part A, Section I: STRATEGIC PLAN****Question 1 (continued)**

Period covered:

2005-2009

17)

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

5

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

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19)

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	Yes
g. Other specific vulnerable subpopulations*	Yes
Settings	
h. Workplace	Yes
i. Schools	Yes
j. Prisons	Yes
Cross-cutting issues	
k. HIV and poverty	No
l. Human rights protection	Yes
m. Involvement of people living with HIV	Yes
n. Addressing stigma and discrimination	Yes

o. Gender empowerment and/or gender equality Yes

20)

1.4 Were target populations identified through a needs assessment?

No (0)

Page 10

21)

IF NO, explain how were target populations identified?

KAP study carried out in 2003; Data collected during VCT; Routine statistics.

Page 11

22)

Part A, Section I: STRATEGIC PLAN

1.5 What are the identified target populations for HIV programmes in the country?

General population, Women and Girls, Youth, Pregnant Women, MARPS (Men who have Sex with Men, Commercial Sex Workers, IDUs and prison inmates)

23)

1.6 Does the multisectoral strategy include an operational plan?

Yes (0)

24)

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?	No

25)

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

26)

Part A, Section I: STRATEGIC PLAN

Question 1.8 (continued)**IF active involvement, briefly explain how this was organised:**

Civil society organizations were associated at all stages of the development of the Strategy : Steering Committee, during various workshops and through consultative processes.

27)

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

Yes (0)

28)

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

Yes, some partners (0)

Page 13

29)

Part A, Section I: STRATEGIC PLAN**Question 1.10 (continued)****IF SOME or NO, briefly explain for which areas there is no alignment / harmonization and why**

Apart from the Indian Ocean Commission and the UN system agencies, no other bi-lateral / multilateral partners have been funding significantly the country in the HIV&AIDS related activities.

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30)

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)

Page 15

31)

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	Yes
c. Poverty Reduction Strategy	No
d. Sector-wide approach	No
e. Other: Please specify	

32)

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)	No
Other: Please specify	

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33)

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

34)

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

35)

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

36)

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	

37)

IF YES, briefly explain what mechanisms are in place to ensure these laws are implemented:

Life skills HIV education carried out in schools and targeting Young People

38)

Briefly comment on the degree to which these laws are currently implemented:

Programme in schools is being performed very satisfactorily as it is included in the education package.

Page 21

39)

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

40)

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	No
g. Migrants/mobile populations	No
Other: Please specify	

41)

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

Access to services for minors, laws inhibiting drug use, laws against commercial sex work and homosexuality.

42)

Briefly comment on how they pose barriers:

It is difficult to tailor appropriate friendly services for minors, as by the law they don't have sexual life. And more difficult for groups whom behavior is clearly condemned by the law. This results in misses opportunities : low access to VCT and management, people at risk not knowing their status, poor early access to care.

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43)

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

44)

Part A, Section I: STRATEGIC PLAN

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

No (0)

45)

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

No (0)

Page 25

46)

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)

47)

7.4 Is HIV programme coverage being monitored?

Yes (0)

Page 26

48)

Part A, Section I: STRATEGIC PLAN**Question 7.4 (continued)****(a) IF YES, is coverage monitored by sex (male, female)?**

Yes (0)

49)

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

Yes (0)

Page 27

50)

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

Women (PMTCT), Children and Youth

51)

Briefly explain how this information is used:

For planning and budgeting purposes.

Page 28**52) Part A, Section I: STRATEGIC PLAN****Question 7.4 (continued)****(c) Is coverage monitored by geographical area?**

Yes (0)

Page 29

53)

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

District levels

54)

Briefly explain how this information is used:

For programme planning purposes, by the Ministry of Health and Social Development.

55)

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

No (0)

Page 30

56)

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

5 (5)

57)

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

Increased awareness, 100% PMTCT coverage, increase in VCT, free treatment, outreach activities, more involvement of the civil society, more intersectoral collaboration.

58)

What are remaining challenges in this area:

HIV cases are still on increase, lack of an M&E framework and capacity, difficulties in accessing MARPS and minors, insufficient human resources,

Page 31

59)

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

60)

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

61)

2.1 IF YES, when was it created?

Please enter the year in yyyy format

2002

62)

2.2 IF YES, who is the Chair?

Name	James A. Michel
Position/title	President of Republic of Seychelles

63)

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?	No
have a functional Secretariat?	No
meet at least quarterly?	No
review actions on policy decisions regularly?	No
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?	No

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64)

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

51

65)

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

12

66)

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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67)

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

68)

Part A, Section II: POLITICAL SUPPORT

Question 3 (continued)

IF YES, briefly describe the main achievements:

Government, mainly through the Ministry of Health and Social Development, is represented in all committees, forums and boards addressing HIV related issues

69)

Briefly describe the main challenges:

To achieve an effective coordination. To have functional NAC (including an effective secretariat)

70)

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)

30

71)

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	No
Coordination with other implementing partners	Yes
Capacity-building	Yes
Other: Please specify	

72)

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

73)

Part A, Section II: POLITICAL SUPPORT**Question 6.1 (continued)****Overall, how would you rate the political support for the HIV programmes in 2009?**

5 (5)

74)

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

Commitment from the highest levels, development of the workplace policy, activation of structures for revival and greater impact, such as NATF, NAC and TAC

75)

What are remaining challenges in this area:

Implementation of the National AIDS Secretariat, M& E, Human resources

Page 39

76)

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

77)

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)
- n. Know your HIV status (0)
- o. Prevent mother-to-child transmission of HIV (0)

78)

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

79)

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)

80)

2.1 Is HIV education part of the curriculum in:

primary schools? Yes

secondary schools? Yes

teacher training? Yes

81)

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

Yes (0)

82)

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

No (0)

83)

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

No (0)

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84)

Part A, Section III: PREVENTION

Question 3 (continued)

IF NO, briefly explain:

There is a need of developping appropriate IEC strategies for MARPS and vulnerable groups.

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?

3 (3)

86)

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

PMTCT coverage, Outreach program/campaign

87)

What are remaining challenges in this area:

Harm reduction, access to VCT by minors and MARPS, M&E framework

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?

KAP study (2003), Child Well being study (2008), IOC Seafarers study (2008), UNAIDS Rapid assesment (2008), Forums/interviews

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	Don't agree
Risk reduction for men who have sex with men	Don't agree
Risk reduction for sex workers	Don't agree
Reproductive health services including sexually transmitted infections	Agree

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	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?

6 (6)

92)

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

Outreach program, media involvement, integration of HIV & AIDS into other activities, decentralisation of services, intersectoral collaboration

93)

What are remaining challenges in this area:

Reaching MARPS, parents consent for minors

Page 48

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)

Page 49

95)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1.1 IF YES, does it address barriers for women?

Yes (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?

Through participation processes having led to the HIV/AIDS policy and the Health Strategic Framework

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	Agree
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Agree
Home-based care	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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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?

Yes (0)

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102)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 4 (continued)

IF YES, for which commodities?:

Condoms and gels and, in emergency cases, antiretroviral therapy

Page 53

103)

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)

104)

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

PMTCT coverage, universal access to ARVs, Provision of equipment

105)

What are remaining challenges in this area:

Implementation of HIV care and support through the workplace

Page 54

106)

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?

Yes (0)

Page 55

107)

Part A, Section IV: TREATMENT, CARE AND SUPPORT**5.1 IF YES, is there an operational definition for orphans and vulnerable children in the country?**

Yes (0)

108)

5.2 IF YES, does the country have a national action plan specifically for orphans and vulnerable children?

Yes (0)

109)

5.3 IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?

Yes (0)

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110)

Part A, Section IV: TREATMENT, CARE AND SUPPORT**Question 5.3 (continued)****IF YES, what percentage of orphans and vulnerable children is being reached?**

Please enter the rounded percentage (0-100)

95

111)

Overall, how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2009?

9 (9)

112)

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

Maximum coverage of OVCs (including socio-economic and psychosocial support)

113)

What are remaining challenges in this area:

Harmonizing the definitions of OVCs with international standards/tools.

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114)

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

No (0)

Page 58115) **Part A, Section V: MONITORING AND EVALUATION****Question 1 (continued)****IF NO, briefly describe the challenges:**

The country needs Technical Assistance to develop the M&E framework and plan

Page 64

116)

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

No (0)

Page 65

117)

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

There is no consistent determination of M&E as a whole. Only the Care and Treatment component is regularly monitored through the mechanisms of the Ministry of Health and Social Development (driven by the Care and Treatment Program).

118)

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

No (0)

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119)

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

Capacity, and Human Resources

Page 69

120)

What are the major challenges?

The capacity to set up a M&E framework and plan The capacity and resources to implement the proposed M&E

Page 70

121)

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)

122)

6.1 Does it include representation from civil society?

No (0)

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123)

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

No (0)

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124)

7.3 Is there a functional* Health Information System?

At national level	Yes
At subnational level	Yes

Page 74125) **Part A, Section V: MONITORING AND EVALUATION**

For Question 7.2, you have checked "Yes, but only some of the above", please specify what the central database has included.

For Question 7.3, you have indicated "Yes" to "subnational level", please specify at what level(s)?

District Health Centres level

126)

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

No (0)

127)

9. To what extent are M&E data used

9.1 in developing / revising the national AIDS strategy?:

4 (4)

128)

Provide a specific example:

The data collected during the KAP study (2003) and the process of developing the National Strategic Plan helped in prioritizing the interventions for the period 2005-2009.

129)

What are the main challenges, if any?

As the data so far monitored and exploited is mainly related to Care and Treatment, there is a need of improving M&E on the Prevention Component.

Page 75

130) Part A, Section V: MONITORING AND EVALUATION

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

2 (2)

131)

Provide a specific example:

In Care and Treatment area, the data helps in budgeting for the needed drugs and human resources

132)

What are the main challenges, if any?

To have a comprehensive M&E system.

Page 76

133)

Part A, Section V: MONITORING AND EVALUATION

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

2 (2)

134)

Provide a specific example:

For reporting purposes :Indian Ocean Commission reports, UNAIDS,...

135)

What are the main challenges, if any?

Having annual work plans and make sure that they take into consideration the most recent data on various aspects.

Page 77136) **Part A, Section V: MONITORING AND EVALUATION****10. Is there a plan for increasing human capacity in M&E at national, subnational and service-delivery levels?:**

No (0)

Page 78

137)

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

138)

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

Yes (0)

Page 81139) **Part A, Section V: MONITORING AND EVALUATION****Question 10.2 (continued)****IF YES, describe what types of activities:**

Surveillance workshop organized at the Indian Ocean Regional level

Page 82**140) 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?

1 (1)

141)

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

Rapid Assesment on HIV&AIDS; Recruitment of a United Nations Volunteer / HIV&AIDS Technical Advisor (end of 2009) who will assist among others to the development of a M&E plan

142)

What are remaining challenges in this area:

To have M&E framework and plan as country

Page 83

143)

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

144)

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:

HIV is specifically mentioned in the Public Health Act and this prevents against any discrimination relating to provision of care and treatment. HIV is not specified in the constitution, but the provisions of the constitution are strong tools to prevent any health or social related discrimination. The education Policy Statement and the Employment act are also relevant general tools.

145)

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

Yes (0)

Page 85

146)

Part B, Section I. HUMAN RIGHTS

2.1 IF YES, for which subpopulations?

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

147)

IF YES, briefly explain what mechanisms are in place to ensure these laws are implemented:

There is a social financial support scheme and these groups/subpopulations are given priority in health services related issues.

Page 86

148)

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

149)

Part B, Section I. HUMAN RIGHTS

3.1 IF YES, for which subpopulations?

a. Women	No
----------	----

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

150)

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

Principle of criminalization of drug use, homosexuality and commercial sex. Parental consent needed for minors.

151)

Briefly comment on how they pose barriers:

Due to criminalization of drug use, homosexuality and commercial sex, it is difficult to develop specific programs for these groups and these populations do not access easily and timely the available services.

Page 88

152) **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

153)

Part B, Section I. HUMAN RIGHTS

Question 4 (continued)

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

Equal access to treatment and care (Policy paper 2001, page 21, no 8.7)

154)

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

155)

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

156)

Part B, Section I. HUMAN RIGHTS

Question 6 (continued)

IF YES, describe some examples:

NGOs financial support and involvement (part of national and sub national committees). They are widely involved in prevention activities and participate to various prevention activities . They benefit from financial support of NATF.

157)

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 |

Page 92

158)

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:

The policy on free health access is already implemented for more than 30 years

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?

No (0)

Page 95

162)

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

Yes (0)

163)

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

Yes (0)

Page 96

164)

Part B, Section I. HUMAN RIGHTS

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

No (0)

165)

IF YES, describe the approach and effectiveness of this review committee:

Any research document is circulated to members by mail, and after there is a panel of discussion. This approach is effective, it ensures consideration of ethical issues in any research activity that involves human subjects.

Page 97

166)

– Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs,

and ombudspersons which consider HIV-related issues within their work

Yes (0)

167)

– 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)

168)

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

No (0)

Page 98

169)

Part B, Section I. HUMAN RIGHTS

Question 12 (continued)

IF YES on any of the above questions, describe some examples:

Structures such as Human Rights Commission and the Ombudsman are established.

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?

No (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

No (0)

173)

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

No (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
Testimonies by PLWHA, workplace program, IEC activities	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?

5 (5)

177)

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

Human Right Commission (in 2007), laws ammended to prevent willfull spreading

178)

What are remaining challenges in this area:

Law enforcement, especially specifying protection provisions for most at risk populations.

Page 102

179)

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?

7 (7)

180)

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

Address willful spreading, NAC meetings with multisectoral partners.

181)

What are remaining challenges in this area:

Law regarding MARPS not clear, sensitization and training of law makers on HIV and Human Rights related issues, Review/enforcement of laws to take into consideration HIV related issues.

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182)

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?

2 (2)

183)

Comments and examples:

Participation of the civil society in the development of the National Strategic Plan 2005-2009; Government commitment by meeting with different organizations.

Page 104

184)

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)?

2 (2)

185)

Comments and examples:

It was represented in planning process.

Page 105

186)

a. the national AIDS strategy?

4 (4)

187)

b. the national AIDS budget?

3 (3)

188)

c. national AIDS reports?

3 (3)

189)

Comments and examples:

The activities of the Civil Society are contributing to achieving the targets fixed in the National Strategic Plan and are included in the annual reports of the National Aids Control Programme. In 2008 and 2009, the Civil Society organizations have been the principal recipients of NATF funds and they even benefit from other internal and external funding agencies.

Page 106

190)

a. developing the national M&E plan?

2 (2)

191)

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

0

192)

c. M&E efforts at local level?

1 (1)

193)

Comments and examples:

Point 4 is in general not applicable for Seychelles as we stated before that, apart from the health sector, there is no national HIV M&E plan or framework.

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194) Part B, Section II. CIVIL SOCIETY PARTICIPATION

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

3 (3)

195)

Comments and examples:

Networks of people living with HIV and Faith Based Organizations are represented in many committees and boards.

Page 108

196)

a. adequate financial support to implement its HIV activities?

3 (3)

197)

b. adequate technical support to implement its HIV activities?

2 (2)

198)

Comments and examples:

Financial and technical support from international and regional partners such as UNDP/UNAIDS, AIRIS/COI, ARPS,...

Page 109

199) 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	25-50%
- Men who have sex with men	25-50%
- Sexworkers	<25%
Testing and Counselling	<25%
Reduction of Stigma and Discrimination	25-50%
Clinical services (ART/OI) *	<25%
Home-based care	<25%

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200)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

Question 7 (continued)

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

5 (5)

201)

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

Taboo broken in regards to MARPS, more active work by different bodies, increased funds from NATF, participation of the Civil Society in the HIV AIDS decision making

202)

What are remaining challenges in this area:

Prevention of HIV transmission among MARPS, human resources and expertise.

Page 111

203)

Part B, Section III: PREVENTION

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

Yes (0)

Page 112

204)

Part B, Section III: PREVENTION

Question 1 (continued)

IF YES, how were these specific needs determined?

KAP study (2003) and during the consultation process for the development of the National Strategic Plan.

205)

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

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206)

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

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

6 (6)

207)

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

General population is well informed about HIV and AIDS, sensitization of MARPS, VCT and outreach activities, revival of the NATF and NAC.

208)

What are remaining challenges in this area:

Introduction of programs targetting most at risk populations such as harm reduction,improvement of the coordination through an effective NAC Secretariat.

Page 114

209)

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

210)

Part B, Section IV: TREATMENT, CARE AND SUPPORT**Question 1 (continued)****IF YES, how were these specific needs determined?**

During meetings of NAC and mainly TAC, during the process of development of the NSP, sentinelle surveillance carried out in 2001

211)

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

	The majority of people in need have access
HIV treatment, care and support service	
Antiretroviral therapy	Agree
Nutritional care	Agree
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Agree
Home-based care	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	N/A
HIV care and support in the workplace (including alternative working arrangements)	N/A
Other: please specify	

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212)

Part B, Section IV: TREATMENT, CARE AND SUPPORT**Question 1.1 (continued)****Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?**

8 (8)

213)

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

Maintaining the free access to health services based on the Constitution provisions; 100% PMTCT coverage.

214)

What are remaining challenges in this area:

Better targetting most at risk populations.

Page 117

215)

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?**

Yes (0)

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216)

Part B, Section IV: TREATMENT, CARE AND SUPPORT**2.1 IF YES, is there an operational definition for orphans and vulnerable children in the country?**

Yes (0)

217)

2.2 IF YES, does the country have a national action plan specifically for orphans and vulnerable children?

Yes (0)

218)

2.3 IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?

Yes (0)

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219)

Part B, Section IV: TREATMENT, CARE AND SUPPORT**Question 2.3 (continued)****IF YES, what percentage of orphans and vulnerable children is being reached?**

Please enter the percentage (0-100)

95

220)

Overall, how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2009?

8 (8)

221)

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

Increase in the socio economic and psychosocial support.

222)

What are remaining challenges in this area:

harmonization of the definitions related to OVCs issues