

Survey Response Details

Response Information

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Response Details

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1) Country

Sierra Leone (0)

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

Moi-Tenga Sartie

3) Postal address:

National AIDS Secretariat 15A Kingharman Road Brookfields Freetown S/Leone

4) Telephone:

Please include country code

+232 33 310952

5) E-mail:

moi_tenga@yahoo.com

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

A total of 15 Institutions consisting Civil Society organizations, Faith-based organizations, Bilateral organizations and 7 government line ministries. A validation workshop was also conducted, in which 45 institutions and other development partners participated. The following steps were followed in preparing the report: 1. Review of secondary data from data sources and reports on HIV and AIDS – SLDHS, ANC SS, Studies, Program data 2. Interviews with relevant stakeholders – Government, CSOs, UNJT, Bilateral Organizations, etc for the NCPI 3. Task-force was overseeing process & development of roadmap

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

All the scoring rates were agreed upon except on the HIV/AIDS policy relating to Human rights protection and promotion-Participants agreed that the HIV/AIDS policy was available and revised but currently awaiting parliament approval. Some of the areas that are being strengthened areas of

stigma and discrimination against PLHIV and laws for enforcement.

8)

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

No concerns were raised relating to data quality or potential misinterpretation. the only concern raised was on mobile populations to include fishing communities.

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9)

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	Min. of Internal Affairs, Local Govt.,Rural Dev.	Mr. Christian Yajah-HIV Focal point	A.I, A.II, A.III, A.IV, A.V

10)

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 2	Min. of Health & Sanitation	Dr.Momodu Sesay-Prog. Manager NACP	A.I, A.II, A.III, A.IV, A.V
Respondent 3	Min. Education, Youth & Sports	Ms Maybel Gamanga-HIV Focal Point	A. I, A. II, A. III, A. IV, A. V
Respondent 4	Min. of Employment, Labour & Social Security	Mr. A.K.Conteh-HIV Focal Point	A.I, A.II, A.III, A.IV, A.V
Respondent 5	Min. of Agric. & Forestry	Mr. B.A.Kanu-HIV Focal Point	A. I, A. II, A. III, A. IV, A. V
Respondent 6	Min. of Social Welfare, Gender & Children's Affairs	Mrs. Fattu Kargbo-HIV Focal Point	A.I, A.II, A.III, A.IV, A.V
Respondent 7	Min. Information & Communication	Mr. Dominic Lamin-HIV Focal Point	A. I, A. II, A. III, A. IV, A. V
Respondent 8			
Respondent 9			
Respondent 10			
Respondent 11			
Respondent 12			
Respondent 13			
Respondent 14			
Respondent 15			

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

11)

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

	Organization Names/Positions		Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 1	UNJT	Mr. Bockarie Samba-NPO	B.I, B.II, B.III, B.IV

12)

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 2	Society of Women Against AIDS in Sierra Leone	Mrs. Marie Benjamin-Prog. Manager	B.I, B.II, B.III, B.IV
Respondent 3	Business Coalition against AIDS in Sierra Leone	Mrs. Joyce Abu-Focal Point	B.I, B.II, B.III, B.IV
Respondent 4	Network of HIV Positives (NETHIPS)	Mr. Idrissa Songo-National President	B.I, B.II, B.III, B.IV
Respondent 5	HIV/AIDS Reporters Association	Mr. S.B.Conteh-HIV Focal Point	B.I, B.II, B.III, B.IV
Respondent 6	CARE-Sierra Leone	Mrs. Khadija Koroma-HIV Focal Point	B.I, B.II, B.III, B.IV
Respondent 7	Sierra Leone Red Cross Society	Mrs. Oliver Stober-HIV Focal Point	B.I, B.II, B.III, B.IV
Respondent 8	Marie Stopes Society-S/Leone	Mrs. Monica Greene-HIV Focal Point	B.I, B.II, B.III, B.IV
Respondent 9	PORSHE and HAPPY	Ms.Valerie Tucker-Prog. Manager	B.I, B.II, B.III, B.IV
Respondent 10	CADO	Mr.Solomon Kargbo-Executive Director	B.I, B.II, B.III, B.IV

Respondent 11	Graceland counseling Services	Mrs. Bondu Manyeh	B.I, B.II, B.III, B.IV
Respondent 12	Women in Crisis Movement	Mrs. Juliana Conteh- Prog. Manager	B.I, B.II, B.III, B.IV
Respondent 13	The Shepherd Hospice	Mr. Gabriel Madiyeh- Executive Director	B.I, B.II, B.III, B.IV
Respondent 14	Concern Worldwide	Ms Warimu-HIV Mainstream Officer	B.I, B.II, B.III, B.IV
Respondent 15	A Private Consultacy	Mr. Victor Brandon-Lead Consultant	B.I, B.II, B.III, B.IV
Respondent 16			
Respondent 17			
Respondent 18			
Respondent 19			
Respondent 20			
Respondent 21			
Respondent 22			
Respondent 23			
Respondent 24			
Respondent 25			

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13)

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

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

Yes (0)

Page 714) **Part A, Section I: STRATEGIC PLAN****Question 1 (continued)****Period covered:**

2002-2010

15)

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

05

16)

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

	Included in strategy	Earmarked budget
Health	Yes	
Education	Yes	
Labour	Yes	
Transportation	Yes	
Military/Police	Yes	
Women	Yes	
Young people	Yes	
Other*		

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17)

Part A, Section I: STRATEGIC PLAN**1.3 Does the multisectoral strategy address the following target populations, settings and crosscutting issues?**

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

18)

1.4 Were target populations identified through a needs assessment?

Yes (0)

Page 10

19)

Part A, Section I: STRATEGIC PLAN

Question 1.4 (continued)

IF YES, when was this needs assessment conducted?

Please enter the year in yyyy format

2002

Page 11

20)

Part A, Section I: STRATEGIC PLAN

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

General population, Uniformed personel, CSW, Young people

21)

1.6 Does the multisectoral strategy include an operational plan?

Yes (0)

22)

1.7 Does the multisectoral strategy or operational plan include:

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

23)

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

Active involvement (0)

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24)

Part A, Section I: STRATEGIC PLAN

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

Conduction of consultative meetings, training and validation workshop of stakeholders, establishment of civil society initiative component at NAS were among the ways by which active civil society involvement was assured.

25)

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

Yes (0)

26)

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

No (0)

Page 13

27)

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**

Some Agencies receive funds and carry out activities with no reference to NAS or the national multisectoral strategy. This is because they are reluctant to divulge information relating to their funding sources and the amount of money received.

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28)

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

Yes (0)

Page 15

29)

Part A, Section I: STRATEGIC PLAN**2.1 IF YES, in which specific development plan(s) is support for HIV integrated?**

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

30)

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

HIV-related area included in development plan(s)	
HIV prevention	Yes
Treatment for opportunistic infections	Yes
Antiretroviral treatment	Yes
Care and support (including social security or other schemes)	Yes
HIV impact alleviation	Yes
Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support	Yes
Reduction of income inequalities as they relate to HIV prevention/treatment, care and/or support	No
Reduction of stigma and discrimination	Yes
Women's economic empowerment (e.g. access to credit, access to land, training)	Yes
Other: Please specify	No

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31)

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

32)

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

Yes (0)

Page 18

33)

Part A, Section I: STRATEGIC PLAN

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

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

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34)

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

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

HIV testing and counseling provided to uniformed services is voluntary and confidential usually done during recruitment.

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	No
b. Young people	No
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	No

37)

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

N/A as the answer is no.

38)

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

Laws exist and have been revised but awaiting parliamentary approval. Until this is done, it is difficult to ascertain the degree to which it is currently implemented.

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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?

No (0)

Page 23

40)

Part A, Section I: STRATEGIC PLAN

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

Yes (0)

Page 24

41)

Part A, Section I: STRATEGIC PLAN

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

No (0)

42)

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

No (0)

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43)

Part A, Section I: STRATEGIC PLAN

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

No (0)

44)

7.4 Is HIV programme coverage being monitored?

Yes (0)

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45)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (continued)

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

Yes (0)

46)

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

Yes (0)

Page 27

47)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (b) (continued)

IF YES, for which population groups?

Pregnant women, sex workers and children, women, young men and women. 0 -14, 15-49. The Information is used for programme planning purposes

48)

Briefly explain how this information is used:

At the Provincial and district levels, information is used for programme planning, secure funding through proposal writing. The information is also used for project future needs, programme planning, targeting and provision of care and support services.

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

Question 7.4 (continued)

(c) Is coverage monitored by geographical area?

Yes (0)

Page 29

50)

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

xx

51)

Briefly explain how this information is used:

xx

52)

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

53)

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

6 (6)

54)

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

The key achievements are: Decentralization of NAS, transformation of NAS to a commission, scaling up of facilities and staff capacity enhancement.

55)

What are remaining challenges in this area:

The need for Government allocation of resources for infrastructure and service provision are the remaining challenges.

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56)

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

57)

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

58)

2.1 IF YES, when was it created?

Please enter the year in yyyy format

2002

59)

2.2 IF YES, who is the Chair?

Name	H.E. Enerst Bai Koroma
Position/title	Republican President

60)

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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61)

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

30

62)

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

2

63)

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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64)

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)

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65)

Part A, Section II: POLITICAL SUPPORT**Question 3 (continued)**

IF YES, briefly describe the main achievements:

Two Partnership Forums have been held with over 200 participants to review progress, challenges, and making recommendations

66)

Briefly describe the main challenges:

xx

67)

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

Please enter the rounded percentage (0-100)

60

68)

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	

69)

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

No (0)

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70)

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)

71)

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

xx

72)

What are remaining challenges in this area:

xx

Page 39

73)

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

74)

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)
- 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)

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

xx

76)

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)

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77)

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)

78)

2.1 Is HIV education part of the curriculum in:

primary schools?	Yes
secondary schools?	Yes
teacher training?	Yes

79)

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

Yes (0)

80)

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

Yes (0)

81)

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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82)

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	Sex workers, Clients of sex workers, Prison inmates, Other populations
Stigma and discrimination reduction	Sex workers, Clients of sex workers, Prison inmates, Other populations
Condom promotion	Sex workers, Clients of sex workers, Other populations
	Sex workers, Clients of sex workers, Other

HIV testing and counselling

sex workers, Clients of sex workers, Other populations

Reproductive health, including sexually transmitted infections prevention and treatment

Sex workers, Clients of sex workers, Prison inmates, Other populations

Vulnerability reduction (e.g. income generation)

Sex workers

Drug substitution therapy

Needle & syringe exchange

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83) 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".

mobile/migrant population, Fishing settlements

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84)

Part A, III. PREVENTION

Question 3.1 (continued)

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

6 (6)

85)

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

Easy access to information is one of the key achievement in this area

86)

What are remaining challenges in this area:

Utilization on information for positive behaviour change is challenge

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87)

Part A, III. PREVENTION

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

Yes (0)

Page 46

88)

Part A, III. PREVENTION

Question 4 (continued)

IF YES, how were these specific needs determined?

Through the NSP, partnership forum and mid-term review

89)

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 prevention and treatment	Agree
School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	Agree
HIV prevention in the workplace	Agree
Other: please specify	

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90)

Part A, III. PREVENTION

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

7 (7)

91)

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

xx

92)

What are remaining challenges in this area:

xx

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93)

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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94)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1.1 IF YES, does it address barriers for women?

Yes (0)

95)

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

Yes (0)

96)

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

Yes (0)

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97)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 2 (continued)

IF YES, how were these determined?

Through the NSP, Partnership forum and mid-term review

98)

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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99)

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)

100)

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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101)

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

ARVs, test kits, STI drugs, & OI drugs

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?

6 (6)

103)

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

Establishment of support groups countrywide, establishment of treatment sites, free ARV supply.

104)

What are remaining challenges in this area:

Challenges-entry/exit criteria for OVC, PLHIVs, treatment adherence monitoring, drug resistance and toxicity, targeting the most needed for the support available

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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?

No (0)

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106)

Part A, Section V: MONITORING AND EVALUATION

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

Yes (0)

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107)

1.1 IF YES, years covered:

Please enter the start year in yyyy format below

2006

108)

1.1 IF YES, years covered:

Please enter the end year in yyyy format below

2010

109)

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

- Yes (0)
- 110) **1.3 IF YES, was the M&E plan developed in consultation with civil society, including people living with HIV?**
- Yes (0)
- 111) **1.4 IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?**
- Yes, most partners (0)

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- 112) **Part A, Section V: MONITORING AND EVALUATION**
- 2. Does the national Monitoring and Evaluation plan include?**

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

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- 113) **Part A, Section V: MONITORING AND EVALUATION**
- Question 2 (continued)**
If you check "YES" indicating the national M&E plan include a data collection strategy, then does this data collection strategy address:

routine programme monitoring	Yes
behavioural surveys	Yes
HIV surveillance	Yes
Evaluation / research studies	No

- 114) **3. Is there a budget for implementation of the M&E plan?**

Yes (0)

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115)

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

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

4

116)

3.2 IF YES, has full funding been secured?

No (0)

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117)

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

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

xx

118)

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

Yes (0)

Page 65

119)

Part A, Section V: MONITORING AND EVALUATION**Question 4 (continued)**

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

xx

120)

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

Yes (0)

Page 66

121)

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

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

122) **Number of permanent staff:**

Please enter an integer greater than or equal to 0

4

123) **Number of temporary staff:**

Please enter an integer greater than or equal to 0

2

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124)

Part A, Section V: MONITORING AND EVALUATION

Question 5.2 (continued)

Please describe the details of all the permanent staff:

	Position	Full time/Part time?	Since when? (please enter the year in yyyy format)
Permanent staff 1	Int. M&E Consultant	Part time	2008
Permanent staff 2	Int. M&E Adviser	Part time	2009
Permanent staff 3	Sr. M&E Officer	Full time	2008
Permanent staff 4	M&E Officer	Full time	2004
Permanent staff 5	M&E Officer	Full time	2004
Permanent staff 6	M&E Officer	Full time	2009
Permanent staff 7			
Permanent staff 8			
Permanent staff 9			
Permanent staff 10			
Permanent staff 11			
Permanent staff 12			
Permanent staff 13			
Permanent staff 14			
Permanent staff 15			

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125)

Part A, Section V: MONITORING AND EVALUATION

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

Yes (0)

Page 69

126) Part A, Section V: MONITORING AND EVALUATION

Question 5.3 (continued)

IF YES, briefly describe the data-sharing mechanisms:

Quarterly reports shared with GF, CCM and partners

127)

What are the major challenges?

Poor system- use of only excel programme is the main challenge

Page 70

128)

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)

129)

6.1 Does it include representation from civil society?

Yes (0)

Page 71

130) 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:

PLHIV, NGOs, CBOs,

131)

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

No (0)

Page 73

132)

7.3 Is there a functional* Health Information System?

At national level	No
At subnational level	No

Page 74

133)

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

No (0)

134)

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

5 (5)

135)

Provide a specific example:

Figures from reports are used to plan programme eg designing of GF R9 proposal.

136)

What are the main challenges, if any?

Poor system- use of only excel programme is the main challenge

Page 75**137) Part A, Section V: MONITORING AND EVALUATION****9.2 To what extent are M&E data used for resource allocation?**

2 (2)

138)

Provide a specific example:

xx

139)

What are the main challenges, if any?

xx

Page 76

140)

Part A, Section V: MONITORING AND EVALUATION

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

3 (3)

141)

Provide a specific example:

Figures from reports are used to plan programme eg designing of GF R9 proposal.

142)

What are the main challenges, if any?

Poor system- use of only excel programme is the main challenge

Page 77

143) **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

144)

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

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

Page 79

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

Question 10.1 (continued)

Please enter the number of people trained at national level.

Please enter an integer greater than 0

9

Page 80

146)

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

Yes (0)

Page 81147) **Part A, Section V: MONITORING AND EVALUATION****Question 10.2 (continued)****IF YES, describe what types of activities:**

Supervisory visits and on-site mentoring

Page 82148) **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?**

7 (7)

149)

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

xx

150)

What are remaining challenges in this area:

xx

Page 83

151)

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

152)

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:**

- The law itself is on the prevention and control of HIV and AIDS • this law directly relates to HIV & AIDS – control and prevention of HIV&AIDS act 2007 • HIV is specifically mentioned and its refers to education, housing , public office, compulsory HIV testing inclusion in health insurance. • address discrimination against expectant mothers

153)

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

No (0)

Page 86

154)

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

No (0)

Page 88155) **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

156)

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

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

- discrimination against women, mother to child transmission is criminalized

157)

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?

Yes (0)

Page 90

158)

Part B, Section I. HUMAN RIGHTS

Question 5 (continued)

IF YES, briefly describe this mechanism:

- Report to the Human Right Commission, National Network of HIV positives to channel complains, • NETHIPS had developed one and circulated to support groups • Official complain to the NAS or legal action

159)

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

160)

Part B, Section I. HUMAN RIGHTS

Question 6 (continued)

IF YES, describe some examples:

- Workshop organized to visit the HIV & AIDS Act 2009. • Prevention and control Act 2007 at the parliamentary level in which PLHIVs participated. • PLHIV and the civil society participated in the development of workplace HIV policy • Organizations such as WIC, NETHIPS, and SWAASAL were involved in the development of the HIV policy. • Counseling of population on HIV prevention • NAS involves PLHIV in all HIV programmes and implementation • Forefront of the law review

161)

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

162)

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:

- Free distribution of ARV
- Free prevention service by free test, free PMTCT services etc.
- Free visiting services
- Consistent awareness raising

163)

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

164)

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)

165)

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

166)

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

Yes (0)

167)

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

168)

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?

Yes (0)

169)

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

xx

Page 97

170)

– 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)

171)

– 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

Yes (0)

172)

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

No (0)

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173)

Part B, Section I. HUMAN RIGHTS

Question 12 (continued)

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

- There is a human rights national commission which considers HIV related issues within its work and it is actually involved in the HIV law process and working with partners on various human rights abuses against PLHIV
- It cannot be ascertained the extent to which the law reform watchdog and ombudsman consider HIV related issues
- An office of the Ombudsman exists and civil society coalitions which fight human rights abuses
- There are focal points on HIV within ministries, departments and agencies and none have reported discrimination and other human rights

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174)

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)

175)

– Legal aid systems for HIV casework

No (0)

176)

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

No (0)

177)

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

Yes (0)

178)

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

Yes (0)

Page 100

179)

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
Other: please specify	

Page 101

180)

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)

181)

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

- HIV/AIDS Policy/Law has been reviewed to meet international human rights standard
- AN Act has been formulated and passed into law
- Human rights activists have championed the rights of PLHIVs within the scope of the policies

182)

What are remaining challenges in this area:

- Actual implementation of the law to protect the rights of PLHIV has not yet commenced.
- The revised Act is yet to be tabled in Parliament to it to be passed into law
- Training and capacity building strategies proposed in the dissemination framework is yet to be implemented
- Resources and funds

Page 102

183)

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?

4 (4)

184)

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

- A lot people know about the existence of the HIV law
- The Act has been reviewed with emphasis on the protection of human rights of PLHIVs and vulnerable populations

185)

What are remaining challenges in this area:

- Formal implementation has not started because of delay in passing the reviewed law • Enforcement is hampered by the challenges in getting the Act passed into law

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186)

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)

187)

Comments and examples:

- Civil society is represented on the National AIDS Council. Civil Society interfaces with the parliamentarians who are policy and law makers • Civil Society including PLHIVs are always at the centre of the formulation of strategic policies • CSO including PLHIVs conduct radio and TV talk shows and press conferences

Page 104

188)

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)?**

3 (3)

189)

Comments and examples:

- Civil Society was involved in review of the National Strategic Plan, HIV Law, and national condom programme policy • Also involved in the conduct of NASA operational plans etc

Page 105

190)

a. the national AIDS strategy?

4 (4)

191)

b. the national AIDS budget?

4 (4)

192)

c. national AIDS reports?

3 (3)

193)

Comments and examples:

- CSO is a partner in the implementation of the Global Fund for HIV prevention, care and support
- CSO actively participated in the 2007 NASA process including documentation of financial support to the national response

Page 106

194)

a. developing the national M&E plan?

3 (3)

195)

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

3 (3)

196)

c. M&E efforts at local level?

3 (3)

197)

Comments and examples:

- CSO is part of the National M&E committee
- Participated in formulation of the HIV policy
- Cs were part of the consultative process of the National M&E framework and national core indicators
- At sub national level, CS shares their M&E reports with the DHIS/CRIS installed at the Government hospitals

Page 107**198) 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)?**

4 (4)

199)

Comments and examples:

- The only CSO not included is the organization of sex workers • CS representation is felt in all sectors of the national response eg NAC,ETWG,Partnership Forum, DAC

Page 108

200)

a. adequate financial support to implement its HIV activities?

3 (3)

201)

b. adequate technical support to implement its HIV activities?

4 (4)

202)

Comments and examples:

- Funding is a major challenge

Page 109**203) 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%
- Men who have sex with men	<25%
- Sex workers	51-75%
Testing and Counselling	25-50%
Reduction of Stigma and Discrimination	51-75%
Clinical services (ART/OI) *	25-50%
Home-based care	25-50%
Programmes for OVC* *	51-75%

Page 110

204)

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

6 (6)

205)

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

- Functional coalition of civil society organizations working on HIV
- Mapping of Implementing Partners, Establishment of NETHIPS and support groups
- Formation of Private and public sector coalitions
- Formation of faith Based coalitions

206)

What are remaining challenges in this area:

- There is a need for a more formidable and vibrant advocacy group to be formed
- Funding to support their activities
- Low capacity of CSOs

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207)

Part B, Section III: PREVENTION

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

Yes (0)

Page 112

208)

Part B, Section III: PREVENTION

Question 1 (continued)

IF YES, how were these specific needs determined?

- Realistically no but the prevalence recorded in the DHS of 2008 as 1.5 with revealing potentials of an explosion of the epidemic.

209)

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	Agree
HIV prevention in the workplace	Agree
Other: please specify	

Page 113

210)

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

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

7 (7)

211)

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

- Increase in the number of VCCT sites • Increase in the number of PMTCT sites • Scale up of PMTCT campaigns •

212)

What are remaining challenges in this area:

- Increasing actual access of services for testing and PMTCT • Effecting behaviour change • Funding • HIV prevention and Control Act to be revised and re enacted

Page 114

213)

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

214)

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

IF YES, how were these specific needs determined?

- Surveys- 2005 prevalence study coupled with DHS and the on-going data from the treatment sites, • Needs assessment report by Christian AID in collaboration with NETTHIPS • UNAIDS in Collaboration NETHIPS carried out mapping • impact assessment

215)

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	Don't agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	Agree
TB infection control in HIV treatment and care facilities	Agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Agree
HIV treatment services in the workplace or treatment referral systems through the workplace	Agree
HIV care and support in the workplace (including alternative working arrangements)	Agree
Other: please specify	

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216)

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?

6 (6)

217)

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

- Establishment of Network of HIV Positives
- establishment of treatment sites nationwide
- Capacity building of personnel
- Available funds to procure drugs

218)

What are remaining challenges in this area:

- Treatment education is low
- Low accessibility to services due to stigma and discrimination

Page 117

219)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

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

No (0)