

Survey Response Details

Response Information

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Response Details

Page 1

- 1) **Country**
Lesotho (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
31/03/2010

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- 8) **Describe the process used for NCPI data gathering and validation:**
NCPI questionnaires were administered to Civil Society, Government Sector and International/Dona agencies by a consultant. A consultation meeting was held for the different groups to validate their response in terms of NCPI, after which a validation meeting was held which combined all groups to agree on the scoring and information in the NCPI.

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

Where disagreements arised, facts about the issue were presented in order to reassure the parties involved. However, there were no major disagreements.

10)

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

The ratings were too low as compared to the previous NCI.

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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 | Ministry of Health and Social Welfare | Director in the AIDS Directorate | 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 | Ministry of Local Government and Chieftainship | HIV and AIDS Coordinator | A.I, A.II |
| Respondent 3 | Ministry of Gender, Youth, Sports and Recreation | Emily Makharilele | A. I, A. II, A. III, A. IV, A. V |
| Respondent 4 | Ministry of Justice | | A.I, A.II, A.III, A.IV, A.V |
| Respondent 5 | Ministry of Health | | A. I, A. II, A. III, A. IV, A. V |
| Respondent 6 | NAC | | A.I, A.II, A.III, A.IV, A.V |
| Respondent 7 | Ministry of Finance and Development Planning | | A. I, A. II, A. III, A. IV, A. V |
| Respondent 8 | | | |
| Respondent 9 | | | |
| Respondent 10 | | | |
| Respondent 11 | | | |
| Respondent 12 | | | |
| Respondent 13 | | | |
| Respondent | | | |

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Respondent
- 24
Respondent
- 25
Respondent

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 Irish AID HIV Advisor | B.I, B.II, B.IV |

14)

| Organization | Names/Positions | Respondents to Part B [Indicate which parts each respondent was queried on] |
|--|---------------------|--|
| Respondent 2 GTZ | Program Coordinator | B.I, B.II, B.III, B.IV |
| Respondent 3 Catholic Relief Services | Head of Program | B.I, B. II, B. III, B. IV |
| Respondent 4 Lesotho Council of Non-Governmental Organisations | Executive Director | B.I, B.II, B.III, B.IV |
| Respondent 5 LCN | | B.I, B. II, B. III, B. IV |
| Respondent 6 LIRAC | | B.I, B.II, B.III, B.IV |
| Respondent 7 Red Cross | | B.I, B. II, B. III, B. IV |
| Respondent 8 PACT | | B.I, B.II, B.III, B.IV |
| Respondent 9 Mothers to Mothers | | B.I, B. II, B. III, B. IV |
| Respondent | | |

| | | |
|------------------|------------------|----------------------------|
| Respondent 10 | Baylor Colleague | B.I, B.II, B.III, B.IV |
| Respondent 11 | UNAIDS | B. I, B. II, B. III, B. IV |
| Respondent 12 | WFP | B.I, B.II, B.III, B.IV |
| Respondent 13 | EU | B. I, B. II, B. III, B. IV |
| Respondent 14 | | |
| Respondent 15 | | |
| Respondent 16 | | |
| Respondent 17 | | |
| Respondent 18 | | |
| Respondent 19 | | |
| Respondent 20 | | |
| Respondent 21 | | |
| Respondent 22 | | |
| Respondent 23 | | |
| Respondent 24 | | |
| Respondent 25 | | |

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

2006 - 2011

17)

1.1 How long has the country had a multisectoral strategy?

Number of Years

9

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 | | |
| Military/Police | | |
| Women | Yes | Yes |
| Young people | Yes | Yes |
| Other* | Yes | Yes |

Page 8

19) Part A, Section I: STRATEGIC PLAN

Question 1.2 (continued)

If "Other" sectors are included, please specify:

Correctional Services

Page 9

20)

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 | 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 | 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 |

21)

1.4 Were target populations identified through a needs assessment?

Yes (0)

Page 10

22)

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

2008

Page 11

23)

Part A, Section I: STRATEGIC PLAN

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

Same as 1.3 but including also herdboys

24)

1.6 Does the multisectoral strategy include an operational plan?

Yes (0)

25)

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 |

26)

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

27)

Part A, Section I: STRATEGIC PLAN

Question 1.8 (continued)

IF active involvement, briefly explain how this was organised:

NAC HIV and AIDS Forum is part of the governance structures of NAC. It is primarily made up of civil society members and government officials. Civil society participated fully in the NSP review and in its implementation.

28)

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

Yes (0)

29)

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

Yes, all partners (0)

Page 14

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 | Yes |
| b. Common Country Assessment / UN Development Assistance Framework | Yes |

| | |
|-------------------------------|-----|
| c. Poverty Reduction Strategy | Yes |
| d. Sector-wide approach | N/A |
| e. Other: Please specify | Yes |

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 | Yes |
| Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support | Yes |
| Reduction of income inequalities as they relate to HIV prevention/treatment, care and/or support | Yes |
| Reduction of stigma and discrimination | Yes |
| Women's economic empowerment (e.g. access to credit, access to land, training) | Yes |
| Other: Please specify | Yes |

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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?

Yes (0)

Page 17

34)

Part A, Section I: STRATEGIC PLAN

3.1 IF YES, to what extent has it informed resource allocation decisions?

3 (3)

35)

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

Yes (0)

Page 18

36)

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 | Yes |
| Condom provision | Yes |
| HIV testing and counselling | Yes |
| Sexually transmitted infection services | Yes |
| Antiretroviral treatment | Yes |
| Care and support | Yes |
| Other: Please specify | |

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37)

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):

Military: HIV testing is mandatory at the point of enlistment and HIV positive applicants are not accepted. HIV positive troops receive care and support. Police and Prisons: HIV testing is voluntary both for officers and inmates.

38)

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

39)

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

40)

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

Protection mechanisms are in place, but not always used.

Page 21

41)

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

42)

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 | |

43)

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

Sodomy is still illegal under the common law. Drug use of any kind is illegal. Commercial sex is also illegal.

44)

Briefly comment on how they pose barriers:

MSM and WSW unable to register their organisations.

Page 23

45)

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

46)

Part A, Section I: STRATEGIC PLAN**7.1 Have the national strategy and national HIV budget been revised accordingly?**

Yes (0)

47)

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

Yes (0)

Page 25

48)

Part A, Section I: STRATEGIC PLAN**7.3 Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?**

Estimates of current and future needs (0)

49)

7.4 Is HIV programme coverage being monitored?

Yes (0)

Page 26

50)

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

Yes (0)

51)

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

Yes (0)

Page 27

52)

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

adults, adolescents and children

53)

Briefly explain how this information is used:

It is used to inform planning and development of targeted programmes

Page 2854) **Part A, Section I: STRATEGIC PLAN****Question 7.4 (continued)****(c) Is coverage monitored by geographical area?**

Yes (0)

Page 29

55)

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

Health centre, hospital, district and national

56)

Briefly explain how this information is used:

Data is used to monitor ART coverage and survival rate.

57)

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

58)

Part A, Section I: STRATEGIC PLAN**Question 7.5 (continued)**

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

7 (7)

59)

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

Development and implementation of NSP and its review involving all stakeholders.

60)

What are remaining challenges in this area:

For all stakeholders to use the annual operational plan as a guide to implement NSP

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61)

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 |

62)

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

63)

2.1 IF YES, when was it created?

Please enter the year in yyyy format

2006

64)

2.2 IF YES, who is the Chair?

| | |
|----------------|-----------------------|
| Name | Advocate Thabo Makeka |
| Position/title | Chairperson |

65)

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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66)

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

5

67)

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

1

68)

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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69)

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

70)

Part A, Section II: POLITICAL SUPPORT

Question 3 (continued)

IF YES, briefly describe the main achievements:

Collaborative revision and implementation of the NSP; collaborative application for Global Fund Round 8 which resulted in two Principal Recipients being Ministry of Finance and Lesotho Council of NGOs.

71)

Briefly describe the main challenges:

Sustained capacity among civil society organisations.

72)

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 | Yes |

73)

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

Yes (0)

Page 36

74)

Part A, Section II: POLITICAL SUPPORT

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

Yes (0)

Page 37

75)

Part A, Section II: POLITICAL SUPPORT**Question 6.1 (continued)****IF YES, name and describe how the policies / laws were amended:**

Enactment of the Married Persons Act and Development of Guidelines for implementing the Labour Code Amendment on HIV and AIDS in hte work place.

Page 38

76)

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

6 (6)

77)

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

See Section 3.3 in the main report.

78)

What are remaining challenges in this area:

All stakeholders to use the Operational plan

Page 39

79)

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

80)

Part A, Section III: PREVENTION**1.1 IF YES, what key messages are explicitly promoted?**

Check for key message explicitly promoted (multiple options allowed)

- a. Be sexually abstinent (0)
- b. Delay sexual debut (0)
- c. Be faithful (0)
- d. Reduce the number of sexual partners (0)
- e. Use condoms consistently (0)
- f. Engage in safe(r) sex (0)
- g. Avoid commercial sex (0)
- h. Abstain from injecting drugs (0)
- i. Use clean needles and syringes (0)
- j. Fight against violence against women (0)
- k. Greater acceptance and involvement of people living with HIV (0)
- l. Greater involvement of men in reproductive health programmes (0)
- m. Males to get circumcised under medical supervision (0)
- n. Know your HIV status (0)
- o. Prevent mother-to-child transmission of HIV (0)

81)

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

82)

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)

83)

2.1 Is HIV education part of the curriculum in:

primary schools? Yes
secondary schools? Yes

teacher training? Yes

84)

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

Yes (0)

85)

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

Yes (0)

86)

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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87)

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 | Prison inmates |
| Stigma and discrimination reduction | Prison inmates |
| Condom promotion | Prison inmates |
| HIV testing and counselling | Prison inmates |
| Reproductive health, including sexually transmitted infections prevention and treatment | Prison inmates |
| Vulnerability reduction (e.g. income generation) | |
| Drug substitution therapy | |
| Needle & syringe exchange | |

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88)

Part A, III. PREVENTION

Question 3.1 (continued)

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

5 (5)

89)

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

Gaining more understanding of the MSM community and therefore better placed to develop specific programmes

90)

What are remaining challenges in this area:

Implementing HIV programmes among high risk groups such as MSM is a challenge given the cultural sensitivities.

Page 45

91)

Part A, III. PREVENTION**4. Has the country identified specific needs for HIV prevention programmes?**

Yes (0)

Page 46

92)

Part A, III. PREVENTION**Question 4 (continued)****IF YES, how were these specific needs determined?**

Through surveys and analysis of the modes of transmission.

93)

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 | N/A |
| 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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94)

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

Development and dissemination of the National Behaviour change and intensification of PMTCT programme

95)

What are remaining challenges in this area:

Slow behaviour change among Basotho.

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96)

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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97)

Part A, Section IV: TREATMENT, CARE AND SUPPORT**1.1 IF YES, does it address barriers for women?**

Yes (0)

98)

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

Yes (0)

99)

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

Yes (0)

Page 50

100)

Part A, Section IV: TREATMENT, CARE AND SUPPORT**Question 2 (continued)****IF YES, how were these determined?**

Through modeling

101)

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

The majority of people in need
have access

HIV treatment, care and support service

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

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102)

Part A, Section IV: TREATMENT, CARE AND SUPPORT**3. Does the country have a policy for developing/using generic drugs or parallel importing of drugs for HIV?**

No (0)

103)

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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104)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 4 (continued)

IF YES, for which commodities?:

ART

Page 53

105)

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)

106)

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

We never run out of ARVs in the country.

107)

What are remaining challenges in this area:

Increased coverage to reach even the remotest parts of the country so that people do not travel long distances for treatment.

Page 54

108)

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

109)

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)

110)

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

Yes (0)

111)

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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112)

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)

65

113)

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

6 (6)

114)

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

Development and implementation of the necessary strategic documents and enrolling more and more OVC in both Primary and High schools.

115)

What are remaining challenges in this area:

Increasing numbers of OVC

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116)

Part A, Section V: MONITORING AND EVALUATION

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

Yes (0)

Page 58

117)

1.1 IF YES, years covered:**Please enter the start year in yyyy format below**

2006

118)

1.1 IF YES, years covered:**Please enter the end year in yyyy format below**

2011

119)

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

Yes (0)

120)

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

Yes (0)

121)

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)

Page 60

122)

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 |

Page 61

123)

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

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

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

124)

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

Yes (0)

Page 62

125)

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".

5

126)

3.2 IF YES, has full funding been secured?

Yes (0)

127)

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

Yes (0)

Page 64

128)

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

Yes (0)

Page 65

129)

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:

It is done once every two years and it involves review of all key components of the system

130)

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

Yes (0)

Page 66

131)

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? (Global Fund Coordinating Unit) | Yes |

132) Number of permanent staff:

Please enter an integer greater than or equal to 0

19

Page 67

133)

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 | 10 M&E Officers | Full time | 2006 |
| Permanent staff 2 | 9 Data Officers | Full time | 2006 |
| Permanent staff 3 | Epidimiologist | Full time | 2002 |
| Permanent staff 4 | | | |
| Permanent staff 5 | | | |
| Permanent staff 6 | | | |
| Permanent staff 7 | | | |
| Permanent staff 8 | | | |
| Permanent staff 9 | | | |
| Permanent staff 10 | | | |
| Permanent staff 11 | | | |
| Permanent staff 12 | | | |

Permanent staff 13
 Permanent staff 14
 Permanent staff 15

Page 68

134)

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

135)

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

IF YES, briefly describe the data-sharing mechanisms:

NAC coordinates data from districts to the national level and compiles reports which are shared with stakeholders on a quarterly basis.

136)

What are the major challenges?

Commitment for M&E at the community level where data is collected falls short. Quality of the data is not always good and there insufficient resources for data collection and verification.

Page 70

137)

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, meets regularly (0)

138)

6.1 Does it include representation from civil society?

Yes (0)

Page 71

139)

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:

Network of people living with HIV and AIDS, LCN/NGOs, PSI are represented and their role is to contribute like other members.

140)

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

Yes (0)

Page 72

141)

Part A, Section V: MONITORING AND EVALUATION

7.1 IF YES , briefly describe the national database and who manages it:

Ministry of Health keeps a data base on all health data such as ART, PMTCT, HTC etc. NAC has a data base for non-health data.

142)

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

Yes, but only some of the above (0)

Page 73

143)

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.

the content of the HIV services (0)
geographical coverage of HIV services (0)

144)

7.3 Is there a functional* Health Information System?

| | |
|----------------------|-----|
| At national level | Yes |
| At subnational level | Yes |

Page 74

145)

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)?

Plan at the national and district levels

146)

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

Yes (0)

147)

9. To what extent are M&E data used

9.1 in developing / revising the national AIDS strategy?:

4 (4)

148)

Provide a specific example:

M&E data was used to inform the revision of the NSP and it is also used in annual planning

149)

What are the main challenges, if any?

Data timelines, not always met, Quality of data not always good and completeness of data sets is still a problem.

Page 75

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

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

4 (4)

151)

Provide a specific example:

When community registrars are given out and condoms distributed they are done on the basis of M&E data provided in each district.

152)

What are the main challenges, if any?

Appreciation of M&E by decision makers in a number of organisations is still a challenge.

Page 76

153)

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

4 (4)

154)

Provide a specific example:

M&E data is used for planning on an annual basis by many sectors and organisations.

155)

What are the main challenges, if any?

There are gaps on baseline data for accurate target setting.

Page 77**156) 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

157)

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

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

Page 79**158) 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

20

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

Please enter an integer greater than 0

90

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

Please enter an integer greater than 0

15

Page 80

161)

Part A, Section V: MONITORING AND EVALUATION

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

Yes (0)

Page 81

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

Question 10.2 (continued)

IF YES, describe what types of activities:

Supportive supervision and mentorship

Page 82

163) **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?

6 (6)

164)

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

Consistent production of quarterly and national reports at the national and district levels

165)

What are remaining challenges in this area:

data gaps

Page 83

166)

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

167)

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

168)

Part B, Section I. HUMAN RIGHTS

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

169)

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

There law enforcement agencies, conflict resolution arrangement at both national and district level

170)

Briefly describe the content of these laws:

Access to prevention, treatment care and support No discrimination at the workplace on account of HIV status Protection against sexual violence and abuse

171)

Briefly comment on the degree to which they are currently implemented:

Legal protection still not fully operational at the community level.

Page 86

172)

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

173)

Part B, Section I. HUMAN RIGHTS

3.1 IF YES, for which subpopulations?

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

174)

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

Sex between men is illegal

175)

Briefly comment on how they pose barriers:

Sexual minorities are invisible and are not allowed to register their organisations.

Page 88176) **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

177)

Part B, Section I. HUMAN RIGHTS

Question 4 (continued)

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

NAtional AIDS Policy NSP Full discription of entitlements

178)

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

179)

Part B, Section I. HUMAN RIGHTS

Question 5 (continued)

IF YES, briefly describe this mechanism:

A mechnism has been developed by LENEPWHA and FIDA for tracking instances of discrimination, eventhogh not comprehensive. Office of Master of the High Court tracks cases of property grabing for OVC and widows

180)

6. Has the Government, through political and fi nancial 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

181)

Part B, Section I. HUMAN RIGHTS

Question 6 (continued)

IF YES, describe some examples:

Inmates were involved in hte development of the HIV and AIDS policy for the Correctional Services

182)

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

[Empty text box for answer]

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

Page 92

183)

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:

There is no mechanism to track all barriers. Data on utilisation is routinely analysed for variases in population requesting services

184)

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

185)

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)

186)

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

Yes (0)

Page 94

187)

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

IF YES, briefly describe the content of this policy:

HIV and AIDS policy ensures acces to services by sub-populations

188)

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

Yes (0)

Page 95

189)

Part B, Section I. HUMAN RIGHTS**Question 9.1 (continued)**

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

NGOs are engaged to work with sexual minorities, sex workers and herd boys.

190)

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

Yes (0)

191)

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

192)

Part B, Section I. HUMAN RIGHTS

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

No (0)

Page 97

193)

– 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)

194)

– **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)

195)

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

No (0)

Page 99

196)

Part B, Section I. HUMAN RIGHTS

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

Yes (0)

197)

– **Legal aid systems for HIV casework**

Yes (0)

198)

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

Yes (0)

199)

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

Yes (0)

200)

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

Yes (0)

Page 100

201)

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

202)

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?**

6 (6)

203)

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

Wider dissemination of simplified laws and policies, and training paralegals in communities

204)

What are remaining challenges in this area:

Ensuring that there is wider understanding of laws and policies at the grass roots level

Page 102

205)

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?**

3 (3)

206)

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

Enabling environment has improved and women have been empowered to take part in the response and in the economy

207)

What are remaining challenges in this area:

Effective enforcement of policies

Page 103

208)

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)

209)

Comments and examples:

All Church leaders signed a declaration on HIV and AIDS which was adopted by national leadership

Page 104

210)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

2. To what extent have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?

4 (4)

211)

Comments and examples:

Civil society were fully involved in the review of the NSP

Page 105

212)

a. the national AIDS strategy?

4 (4)

213)

b. the national AIDS budget?

1 (1)

214)

c. national AIDS reports?

2 (2)

215)

Comments and examples:

National budget provides only a modest budget to CSO. The bulk of it is from international donors

Page 106

216)

a. developing the national M&E plan?

3 (3)

217)

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

4 (4)

218)

c. M&E efforts at local level?

4 (4)

219)

Comments and examples:

Civil society is represented in the National Technical working group and in the district ones.

Page 107

220) 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)

221)

Comments and examples:

LENPWHA, LENASO, LIRAC, LCN etc are always involved representing civil society.

Page 108

222)

a. adequate financial support to implement its HIV activities?

2 (2)

223)

b. adequate technical support to implement its HIV activities?

3 (3)

224)

Comments and examples:

At the moment there are limited funds to support CSOs and it is mostly from NAC and international donors

Page 109

225) 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 | <25% |
| Testing and Counselling | >75% |
| Reduction of Stigma and Discrimination | 25-50% |
| Clinical services (ART/OI) * | <25% |
| Home-based care | >75% |
| Programmes for OVC* * | 25-50% |

Page 110

226)

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)

227)

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

More civil society organisations have been involved in the response despite limited funding

228)

What are remaining challenges in this area:

limited funding

Page 111

229)

Part B, Section III: PREVENTION

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

Yes (0)

Page 112

230)

Part B, Section III: PREVENTION

Question 1 (continued)

IF YES, how were these specific needs determined?

through assessments

231)

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 | 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

232)

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)

233)

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

Getting people to know their status through the KYS campaign

234)

What are remaining challenges in this area:

behaviour change is a problem

Page 114

235)

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

236)

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

IF YES, how were these specific needs determined?

Community Health Workers have provided information together with the community councils.

237)

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

The majority of people in need
have access

HIV treatment, care and support service

| | |
|--|-------------|
| Antiretroviral therapy | Agree |
| Nutritional care | Don't agree |
| Paediatric AIDS treatment | Agree |
| Sexually transmitted infection management | 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 | Don't 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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238)

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)

239)

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

More and more people on ARVs living longer and productive lives

240)

What are remaining challenges in this area:

Increased coverage

Page 117

241)

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)

Page 118

242)

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)

243)

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

Yes (0)

244)

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

Yes (0)

Page 119

245)

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)

65

246)

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

7 (7)

247)

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

OVCs attending school and being reached with psychosocial and material support

248)

What are remaining challenges in this area:

Reaching all those who need support