

Survey Response Details

Response Information

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Response Details

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1) Country

Mauritius (0)

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

Dr Mrs Amita Pathack National AIDS Coordinator

3) Postal address:

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6) E-mail:

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7) Date of submission:

Please enter in DD/MM/YYYY format

17/03/2010

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

Prior to the arrival of the consultant, Part A was administered to Govt officials and Part B to NGOs, Civil Society, CBO, FBO. After a week, the questionnaire were collected and an aggregate of all the answers were done. The NCPI and indicators were validated in a workshop on the 24th Feb 2010.

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

Disagreements, and believe me there was some, were resolved through discussion round the table where everybody was given the opportunity to voice out their opinions and a final decision was made in consensus.

10)

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

Nothing in particular

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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	AIDS Unit	Dr A.Saumtally, Officer in charge	A.I, A.II, A.III, A.IV, A.V

12)

Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]	
Respondent 2	National AIDS Secretariat	AIDS Coordinator	A.I, A.II, A.III, A.IV, A.V
Respondent 3	Ministry of Labour and Industrial Relatin	Mr Gunputh, Principal Occupational Health Officer	A. I, A. II, A. III, A. IV, A. V
Respondent 4	Ministry of youth and Sport	Mr Beeharry, Senior Youth Officer	A.I, A.II, A.III, A.IV, A.V
Respondent 5	Ministry of Women, Child Development and Consumer Protection	Mr Bhoojaruth	A. I, A. II, A. III, A. IV, A. V
Respondent 6	National Day Care Center for the Immuno-Supressed	Dr D. Poonoosamy, AIDS Physician	A.I, A.II, A.III, A.IV, A.V
Respondent 7	Central Health Laboratory	Dr S.Raghooputh, Adviser and Head of Virology	A. I, A. II, A. III, A. IV, A. V
Respondent 8	M&E focal point, MOH &QL	Mrs S.Soobhany	A.I, A.II, A.III, A.IV, A.V
Respondent 9	M&E officer, NAS	Mr Radhakeesoon	A. I, A. II, A. III, A. IV, A. V
Respondent 10	Principal Health Officer, Prison	Mr S. Motah	A.I, A.II, A.III, A.IV, A.V
Respondent 11	BCC officer, NAS	Ms A. Saddul	A. I, A. II, A. III, A. IV, A. V
Respondent 12	Ministry of Social Security	DR Basant Rai	A.I, A.II, A.III, A.IV, A.V

Respondent 13	Principal Medical Officer, MOH & QL Dr M. T Imol	A.I, A.II, A.III, A.IV, A.V
Respondent 14	State Law Office Mr Namdarkhan	A.I, A.II, A.III, A.IV, A.V
Respondent 15	Central Statistical Office, Mr D.Changeya	A.I, A.II, A.III, A.IV, A.V
Respondent 16		
Respondent 17		
Respondent 18		
Respondent 19		
Respondent 20		
Respondent 21		
Respondent 22		
Respondent 23		
Respondent 24		
Respondent 25		

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 MFPWA Mrs, S. Ah Fok	B.I, B.II, B.III, B.IV

14)

Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 2 PILS	Mrs Yolette	B.I, B.II, B.III, B.IV
Respondent 3 Chrysalide	Mrs Ladine	B.I, B.II, B.III, B.IV
Respondent 4 Mauritius Employers Federation (Private Sector)	Mr Laval Wong	B.I, B.II, B.III, B.IV
Respondent 5 NATReSA	Mrs V.Judunundun	B.I, B.II, B.III, B.IV
Respondent 6 Rogers Company (Private Sector)	Ms A D'Hotman	B.I, B.II, B.III, B.IV
Respondent 7 GEMSA (Gender Link)	Mr G.White	B.I, B.II, B.III, B.IV
Respondent 8 WHO	Mr A.Nundoochan	B.I, B.II, B.III, B.IV

Respondent 9	UNDP/UNAIDS	Dr Farida Oodally, Focal Point	B.I, B. II, B. III, B. IV
Respondent 10	UNFPA, Focal Point	MR J. Sungkur	B.I, B.II, B.III, B.IV
Respondent 11	MODA (NGOs- NEP)	MR Lahoutun	B.I, B. II, B. III, B. IV
Respondent 12	Council of Religion	Mrs Homa Mungapen	B.I, B.II, B.III, B.IV
Respondent 13	Nu Nuvo Baz (NGOs)	Mrs Solange Potou	B.I, B. II, B. III, B. IV
Respondent 14	CUT (NGOs NEP)	Ms Nathalie Rose	B.I, B.II, B.III, B.IV
Respondent 15	Help de Addiction	Mrs Rajkumarsing	B.I, B. II, B. III, B. IV
Respondent 16	Vivre + (PLWHA organisation)	Mrs Frivet M.A	B.I, B.II, B.III, B.IV
Respondent 17	Collectif Arc-en Ciel (LGBT NGOs)	Ms Priscilla	B.I, B. II, B. III, B. IV
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:

2001-2005; 2007-2011

17)

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

10

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

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

Tourism, Ministry of Social Security, planning and infrastructure

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	Yes
d. Men who have sex with men	Yes
e. Sex workers	Yes
f. Orphans and other vulnerable children	Yes
g. Other specific vulnerable subpopulations*	Yes

Settings

h. Workplace	Yes
i. Schools	Yes
j. Prisons	Yes

Cross-cutting issues

k.HIV and poverty	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?

No (0)

Page 10

22)

IF NO, explain how were target populations identified?

The whole population is targetted (Refer to the strategic Objectives of the NSF. Specific emphasis on MARPS (yr 2003- ACtion Plan for IDU);, Yr 2006- Harm Reduction strategies). A KABB done among young people aged 15-24 yrs in 2008; an RDS among IDUs in 2009. Evidence-based data (HIV+ve cases detected in certain population)

Page 11

23)

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

- Population in general - youth in school and out-of-school -community/ workplace - business sector- EPZ, Construction and Transport - MARPS including Prison Inmates - Women and girls

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:

- A multisectoral approach on any HIV/AIDS issues - Multisectoral approach for Strategic planning and Action plan. - NAS as the Coordinating body initiate discussion and consensus on all major issues regarding HIV/AIDS. -the BCC plan also has been done with the collaboration of all stakeholders involved in the fight against HIV/AIDS so as to harmonise interventions and Key messages.

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
- b. Common Country Assessment / UN Development Assistance Framework
- c. Poverty Reduction Strategy
- d. Sector-wide approach
- e. Other: Empowerment programme- a development plan to address issues of poverty 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	
Treatment for opportunistic infections	
Antiretroviral treatment	
Care and support (including social security or other schemes)	
HIV impact alleviation	
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	
Reduction of stigma and discrimination	Yes
Women's economic empowerment (e.g. access to credit, access to land, training)	Yes
Other: Please specify	

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33)

Part A, Section I: STRATEGIC PLAN

3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?

No (0)

Page 17

34)

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

Yes (0)

Page 18

35)

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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36)

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):

All Hiv test is voluntary. Result are given only to the person concerned.

37)

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

38)

Part A, Section I: STRATEGIC PLAN**5.1 IF YES, for which subpopulations?**

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

39)

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

- For women and Children the Ministry of Women and Child development has regulations to ensure the rights of this particular group. - Ombudsperson for child has worked on a series of Children

Rights. - Equal Opportunity Bill

40)

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

- the equal Opportunity Bill is too recent to have consistent data to evaluate efficacy.

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
- b. Young people
- c. Injecting drug users Yes
- d. Men who have sex with men Yes
- e. Sex Workers Yes
- f. Prison inmates Yes
- g. Migrants/mobile populations Yes
- Other: Please specify

43)

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

- the Dangerous Drug Act sanctioned any body in possession of an equipment that can be used to consume illegal drugs, though the HIV/AIDS Act provide a legal framework for the NEP, Police Officers still used the DDA to arrest NEP users. - Sex work is illegal, though tolerated. - Homosexuality tolerated but Sodomy is illegal - Hiv+ve Migrant worker are not allowed to work in Mauritius.

44)

Briefly comment on how they pose barriers:

Self stigma is an important barriers to access services. Though the Gvt of Mauritius facilitates prevention interventions in these groups, much more can be done if all these barriers are removed.

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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?**

IDUs (64% of PLWHA on ARV are IDUs)

53)

Briefly explain how this information is used:

- Low uptake of services and Adherence is a problem. Therefore new strategies are being discussed to improve on those two factors

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

No (0)

Page 29

55)

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

Yes (0)

Page 30

56)

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

7 (7)

57)

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

- Decentralisation of HIV testing & treatment services. - Introduction of Viral load machine

58)

What are remaining challenges in this area:

- Detection of resistant cases of ARV - Management of Co-infection (HIV/HepC) - A better Psychosocial support system - Increase uptake of PMTCT protocol

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59)

Part A, Section II: POLITICAL SUPPORT

1. Do high officials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year?

President/Head of government	Yes
Other high officials	Yes
Other officials in regions and/or districts	Yes

60)

2. Does the country have an officially recognized national multisectoral AIDS coordination body (i.e., a National AIDS Council or equivalent)?

Yes (0)

Page 32

61)

2.1 IF YES, when was it created?

Please enter the year in yyyy format

2000

62)

2.2 IF YES, who is the Chair?

Name	Dr R. Navin Ramgoolam
Position/title	Prime Minister of the Republic of Mauritius

63)

2.3 IF YES, does the national multisectoral AIDS coordination body:

have terms of reference?	Yes
have active government leadership and participation?	Yes
have a defined membership?	Yes
include civil society representatives?	Yes

include people living with HIV?	Yes
include the private sector?	Yes
have an action plan?	No
have a functional Secretariat?	Yes
meet at least quarterly?	No
review actions on policy decisions regularly?	Yes
actively promote policy decisions?	Yes
provide opportunity for civil society to influence decision-making?	Yes
strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?	Yes

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64)

Part A, Section II: POLITICAL SUPPORT**Question 2.3 (continued)**

If you answer "yes" to the question "does the National multisectoral AIDS coordination body have a defined membership", how many members?

Please enter an integer greater than or equal to 1

40

65)

If you answer "yes" to the question "does the National multisectoral AIDS coordination body include civil society representatives", how many?

Please enter an integer greater than or equal to 1

24

66)

If you answer "yes" to the question "does the National multisectoral AIDS coordination body include people living with HIV", how many?

Please enter an integer greater than or equal to 1

2

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67)

Part A, Section II: POLITICAL SUPPORT

3. Does the country have a mechanism to promote interaction between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?

Yes (0)

Page 35

68)

Part A, Section II: POLITICAL SUPPORT**Question 3 (continued)****IF YES, briefly describe the main achievements:**

- National AIDs Secretariat. - Success in obtaining funding for GF Round 8.

69)

5. What kind of support does the National AIDS Commission (or equivalent) provide to civil society organizations for the implementation of HIV-related activities?

Information on priority needs	Yes
Technical guidance	Yes
Procurement and distribution of drugs or other supplies	Yes
Coordination with other implementing partners	Yes
Capacity-building	Yes
Other: Financial Support	Yes

70)

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

71)

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

72)

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

HIV/AIDS Act paves the way to the introduction of NEP through a legal framework. Civil Status Act ammended to be in line with the HIV/AIDS Act, therefore allowing HIV+ Foreigner to marry Mauritian Partner.

73)

Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies:

- Immigration act. - Even the HIV/AIDS Act need to be updated. - Dangerous Drug Act - Sexual Offenders Act - Equal opportunity Act

Page 38

74)

Part A, Section II: POLITICAL SUPPORT

Question 6.1 (continued)

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

8 (8)

75)

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

- Prime Minister's support throughout the Global Fund Process. - Scaling -up of HCT and Day Care Unit

76)

What are remaining challenges in this area:

The NAC should meet regularly

Page 39

77)

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

78)

Part A, Section III: PREVENTION

1.1 IF YES, what key messages are explicitly promoted?

Check for key message explicitly promoted (multiple options allowed)

a. Be sexually abstinent (0)

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

79)

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

80)

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)

81)

2.1 Is HIV education part of the curriculum in:

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

82)

2.2 Does the strategy/curriculum provide the same reproductive and sexual health

education for young men and young women?

Yes (0)

83)

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

Yes (0)

84)

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)

Page 42

85)

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

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

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

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86) 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".

Youth in high risk areas. vulnerable women

Page 44

87)

Part A, III. PREVENTION

Question 3.1 (continued)

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

7 (7)

88)

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

Harm reduction Strategies

89)

What are remaining challenges in this area:

- baseline data and estimates of population size of MSM , CSW - Scaling-up of Harm Reductions - KABB in the population aged 15-49

Page 45

90)

Part A, III. PREVENTION

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

Yes (0)

Page 46

91)

Part A, III. PREVENTION

Question 4 (continued)

IF YES, how were these specific needs determined?

- MARPs (specifically IDUs- through MST and NEP data. - Prison Inmates from Prison data - IBBS among IDUs

92)

4.1 To what extent has HIV prevention been implemented?

The majority of people in need have access

HIV prevention component

Blood safety

Agree

Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Agree
Condom promotion	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	Agree
Risk reduction for men who have sex with men	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	Don't agree
HIV prevention for out-of-school young people	Agree
HIV prevention in the workplace	Agree
Other: please specify	

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93)

Part A, III. PREVENTION

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

7 (7)

94)

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

- Introduction of MST,NEP. - Decentralisation of HIV tests, STIs and ARV treatment

95)

What are remaining challenges in this area:

- Prevention interventions among the MSM and CSW.

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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)

Page 49

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 consultative meeting with stakeholders. - a survey was carried out in 2009 to determine factors leading to low uptake of services

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	Don't 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	Don't agree
Palliative care and treatment of common HIV-related infections	Don't agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	N/A
TB infection control in HIV treatment and care facilities	Don't agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV,	Agree

rape)

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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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?

Yes (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?:**

For ARV and Opportunistic Infections drugs only in out of stock situation

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?

7 (7)

106)

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

- National Protocol developed - 3rd line treatment (ARV drugs) is being procured - Operating of Viral Load machine - Procurement system revised and improved - Decentralisation of Services

107)

What are remaining challenges in this area:

- Sustainability of drug availability (3rd Line) without rupture of stock. - Detection of Resistant cases. - To bring on board private practitioners - to have a 100% follow-up of all HIV +ve pregnant mothers

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?

No (0)

Page 57

109)

Part A, Section V: MONITORING AND EVALUATION

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

Yes (0)

Page 58

110)

1.1 IF YES, years covered:

Please enter the start year in yyyy format below

2007

111)

1.1 IF YES, years covered:

Please enter the end year in yyyy format below

2010

112)

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

Yes (0)

113)

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

Yes (0)

114)

1.4 IF YES, have key partners aligned and harmonized their M&E requirements

(including indicators) with the national M&E plan?

Yes, but only some partners (0)

Page 59

115)

Part A, Section V: MONITORING AND EVALUATION

Question 1.4 (continued)

IF YES, but only some partners or IF NO, briefly describe what the issues are:

- NGOs lack of human resources has been identified as one factor by the GMS team.

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116)

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)	No
a data analysis strategy	Yes
a data dissemination and use strategy	Yes

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117)

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

118)

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

Yes (0)

Page 62

119)

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".

12

120)

3.2 IF YES, has full funding been secured?

Yes (0)

121)

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

Yes (0)

Page 64

122)

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

Yes (0)

Page 65

123)

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 was done through consultative meeting with all stakeholders.

124)

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

Yes (0)

Page 66

125)

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)

126) Number of permanent staff:

Please enter an integer greater than or equal to 0

1

127) Number of temporary staff:

Please enter an integer greater than or equal to 0

1

Page 67

128)

Part A, Section V: MONITORING AND EVALUATION

Question 5.2 (continued)

Please describe the details of all the permanent staff:

	Position	Full time/Part time?	Since when? (please enter the year in yyyy format)
Permanent staff 1	M& E Officer (NAS)	Full time	2007
Permanent staff 2			
Permanent staff 3			
Permanent staff 4			
Permanent staff 5			
Permanent staff 6			
Permanent staff 7			
Permanent staff 8			
Permanent staff 9			
Permanent staff 10			
Permanent staff 11			
Permanent staff 12			
Permanent staff 13			
Permanent staff 14			
Permanent staff 15			

129)

Please describe the details of all the temporary staff:

	Position	Full time/Part time?	Since when? (please enter the year in yyyy format)
Temporary staff 1	Focal point M&E (MOH & QL)	Full time	2008
Temporary staff 2			
Temporary staff 3			

Temporary staff 4
 Temporary staff 5
 Temporary staff 6
 Temporary staff 7
 Temporary staff 8
 Temporary staff 9
 Temporary staff
 10
 Temporary staff 11
 Temporary staff
 12
 Temporary staff 13
 Temporary staff
 14
 Temporary staff 15

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130)

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?

No (0)

Page 69

131)

What are the major challenges?

- Key stakeholders have been trained in M&E. the challenge will be post-training implementation.

Page 70

132)

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)

133)

6.1 Does it include representation from civil society?

Yes (0)

Page 71

134) **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:

- UN focal point, NGOs, CBOs, FBO. - Anational M&E should be represented by the Civil Society but their role should be more active in the sense that they also need to report data to NAS for a comprehensive analysis.

135)

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

No (0)

Page 73

136)

7.3 Is there a functional* Health Information System?

At national level

At subnational level Yes

Page 74137) **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)?

MOH & QL

138)

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

No (0)

139)

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

0

Page 77**140) 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

141)

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

At national level? Yes

At subnational level?

At service delivery level including civil society? Yes

Page 79**142) 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

100

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

Please enter an integer greater than 0

30

Page 80

144)

Part A, Section V: MONITORING AND EVALUATION

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

Yes (0)

Page 81**145) Part A, Section V: MONITORING AND EVALUATION**

Question 10.2 (continued)

IF YES, describe what types of activities:

- transfer of skills from International Consultancy to National M&E officers. - M&E officer (NAS) attending Workshops at international level.

Page 82

146) Part A, Section V: MONITORING AND EVALUATION

Question 10.2 (continued)

Overall, how would you rate the M&E efforts of the HIV programme in 2009?

8 (8)

147)

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

- An operational M&E manual, tools developed - National Indicators developed. - Capacity building scheduled for the coming year

148)

What are remaining challenges in this area:

- A National HIV data base. - Computerization of all system - capacity building of focal point

Page 83

149)

Part B, Section I: HUMAN RIGHTS

1. Does the country have laws and regulations that protect people living with HIV against discrimination? (including both general non-discrimination provisions and provisions that specifically mention HIV, focus on schooling, housing, employment, health care etc.)

Yes (0)

Page 84

150)

Part B, Section I. HUMAN RIGHTS

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

- HIV/AIDS Act, section 3&6(shall not considered as having a disability/ should not be discriminated). - the employment Right Act 2008, Part III on agreements whereby it is specifically mention at section 4" discrimination in employment and occupation & section 38 "protection against termination of agreement" - the employment Relation Act 2008- part iv, section 29 "the

right of workers for freedom of association.

151)

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

152)

Part B, Section I. HUMAN RIGHTS

2.1 IF YES, for which subpopulations?

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

153)

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

- Advocacy by the Civil Society - Sanctions - Sensitization campaigns

154)

Briefly describe the content of these laws:

1. Protection of the right of Hiv + persons 2. Pave the way to NEP 3. Regulation of testing services
4. the right to work and the freedom of association.

155)

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

- 60% implementation, stigma and discrimination still present - sanctions (90%) - Campaign (>90%)

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156)

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

157)

Part B, Section I. HUMAN RIGHTS

3.1 IF YES, for which subpopulations?

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

158)

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

Sodomy is severely condemned in our law condoms and NEP are not allowed in prisons youth (Minor) not accessing the MST Dangerous Drug Act

159)

Briefly comment on how they pose barriers:

- MSM cannot be properly educated - PI do not have access to harm reduction though a high risk group - CSW illegal but tolerated (Criminalisation)

Page 88

160) **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

161)

Part B, Section I. HUMAN RIGHTS

Question 4 (continued)

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

strategy:

- Strategic Objective 8 in the NSF (Creation of an enabling environment)

162)

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

163)

Part B, Section I. HUMAN RIGHTS

Question 5 (continued)

IF YES, briefly describe this mechanism:

- Mechanism in place at NGOs level(NGOs CUT and PILs are taking cases of discrimination to court. -Human Rights commission -Ombudsperson for children.

164)

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

165)

Part B, Section I. HUMAN RIGHTS

Question 6 (continued)

IF YES, describe some examples:

- Multisctoral committees - PLWHA involvement, however need greater involvement of CSW, MSM and IDU. - Should not only be present but should be empowered to voice out

166)

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

167)

Part B, Section I. HUMAN RIGHTS**Question 7 (continued)**

IF YES, given resource constraints, briefly describe what steps are in place to implement these policies and include information on any restrictions or barriers to access for different populations:

. all health services are free . no adequate car/support interventions . no psychologist available in the public sector . lack of trained resource person in psychosocial support

168)

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

No (0)

Page 93

169)

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

170)

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

IF YES, briefly describe the content of this policy:

all Mauritian are guaranteed equal access to any services by the constitution. Being a welfare state all health services are free at point of delivery. Private sectors have policies, and there is a need to write A National HIV/AIDS Policy.

171)

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

172)

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:

-Mobile caravan (MOH &QL) for HCT - NEP mobile caravan - NGOs on Site NEP - MSM and CSW outreach - Pils Prevention caravan to access IDUs, CSW. all testing are free .

173)

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

Yes (0)

174)

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)

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175)

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

176)

– 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)

177)

– 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)

178)

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

No (0)

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179)

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)

180)

– Legal aid systems for HIV casework

Yes (0)

181)

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

No (0)

182)

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

Yes (0)

183)

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

Yes (0)

Page 100

184)

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: Advocacy by NGOs; Establishment of An NGO representign PLWHA, Women and family education; Medical and Paramedical training; community awareness	Yes

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185)

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)

186)

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

- HIV/AIDS Act - Civil Status Act ammended - Equal rights and opportunities to health, education and work.

187)

What are remaining challenges in this area:

1. Foreign HIV+ cannot work in Mauritius 2. Empower PLWHA to make use of the law 3. Employer's sensitization 4. Police force to be sensitised 5. to eliminate stigma and discrimination 6. TO empower media not to use discriminatory terms

Page 102

188)

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?

5 (5)

189)

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

- Not much since the HIV/AIDS Act - Ammendements of equal opportunity Act. - Sensitization has led to more acceptance by the community at large.

190)

What are remaining challenges in this area:

- Ammendements of the immigration act so as to allow migrant worker who are +ve to obtain a long term visa and work permit. - address gender discrimination which is more subtle - empowerment of HIV+ person (Togo to court, to come out safely) - to sensitised decision makers, MP's, The Judicial

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191)

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)

192)

Comments and examples:

- civil society made their voice heard when the law discriminated against an HIV+ person not allowing him to marry his partner. -NGOs and CBOs at the forefront to advocate for improvement in care, treatment and support and prevention. - NEP and MST was introduced after strong advocacy from NGOs - Lobbying Government (Human rights, sex discrimination)

Page 104

193)

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)

194)

Comments and examples:

all major stakeholders have actively participated in the elaboration of the NSF 2007-2011. there is a need ti increase participation of PLWHA and Members of MARPs

Page 105

195)

a. the national AIDS strategy?

3 (3)

196)

b. the national AIDS budget?

3 (3)

197)

c. national AIDS reports?

3 (3)

198)

Comments and examples:

-Budget and actions relating to PLWHAs treatment is done by Government. - Insufficient effort to involve and train civil society at large. - Preventive/ education prog on HIV commitments from Civil Society

Page 106

199)

a. developing the national M&E plan?

3 (3)

200)

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

3 (3)

201)

c. M&E efforts at local level?

2 (2)

202)

Comments and examples:

As the bulk of the data is obtained through Gvt svices, civil society can only take stock of what is compiled and suggest interpretation. Harmonised tools to be used. utilisation need to be supervised

Page 107**203) Part B, Section II. CIVIL SOCIETY PARTICIPATION****5. To what extent is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. networks of people living with HIV, organizations of sex workers, faith-based organizations)?**

3 (3)

204)

Comments and examples:

- One Council of Religion -one PLWHA organisation - One MSM organisation - PILS- most active NGOs - No CSW organisation(Only on residential centre for women) more networking is needed.

Page 108

205)

a. adequate financial support to implement its HIV activities?

3 (3)

206)

b. adequate technical support to implement its HIV activities?

3 (3)

207)

Comments and examples:

- some are able to access financial /technical support. - others lack human resources - NAS facilitates capacity building in terms of technical know how to NGOs &CBOs through International donor Agencies. - technical support need regular updating

Page 109

208) 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	25-50%
Prevention for most-at-risk-populations	
- Injecting drug users	25-50%
- Men who have sex with men	25-50%
- Sex workers	25-50%
Testing and Counselling	<25%
Reduction of Stigma and Discrimination	25-50%
Clinical services (ART/OI) *	
Home-based care	<25%
Programmes for OVC* *	<25%

Page 110

209)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

Question 7 (continued)

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

7 (7)

210)

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

- constantly progressing - increased involvement of NGO in MARPs prevention programme - capacity building of new NGOs

211)

What are remaining challenges in this area:

1. capacity building for NGOs for management, financial and technical skills 2. to make voices heard when there are problems 3. a real effort is needed to get private sector participation (W/place and medical)in the fight against HIV

Page 111

212)

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

Yes (0)

Page 112

213)

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

- through studies, stats on activities/ programme (NEP, MST) - data obtained from treatment and rehab centers - data from target populations tested - W/shop and focus group discussion - BCC committee set-up

214)

1.1 To what extent has HIV prevention been implemented?

The majority of people in need have access

HIV prevention component

Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Agree
Condom promotion	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	Agree
Risk reduction for men who have sex with men	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: sensitization of PLWHAs on their rights; sensitized employers on their responsibilities towards HIV+ person in the workplace

Agree

Page 113

215)

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)

216)

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

- constant improvement - Harm reduction programs have been launched and scaled-up - private sector involvement - reduction in the number of cases

217)

What are remaining challenges in this area:

- still lot to be done - School, w/place, MSM, Prison inmates - focused prevention in W/place - to change perception and attitude of public towards HIV+ persons - to mitigate discrimination and ensures confidentiality - enforcement of the HIV/AIDS Act - eliminate the discrimination and violence against women, especially street sex workers. - reverse substantially the epidemic - scaling-up testing

Page 114

218)

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

219)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

Question 1 (continued)

IF YES, how were these specific needs determined?

- NSF 2007-2011 - increasing cases among IDUs - Programmatic data

220)

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	Don't agree
Home-based care	Don't agree
Palliative care and treatment of common HIV-related infections	Don't agree
HIV testing and counselling for TB patients	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	Don't 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	

Page 116

221)

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)

222)

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

- Relatively good medical treatment but poor psychosocial support

223)

What are remaining challenges in this area:

- high stigma - psychosocial policy and issues - stimulate private medical services to same level of PLWHA management - CD 4 machine should be operational M&E of Clients attending NDCCI

Page 117

224)

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)