

Survey Response Details

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Response Details

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1) Country

Jordan (0)

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

Jumana Haj Ahmad, Adolescents Specialist, UNICEF

3) Telephone:

Please include country code

00962796111838

4) E-mail:

jhajahmad@unicef.org

5) Date of submission:

Please enter in DD/MM/YYYY format

26/02/2010

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

Throughout December 2009, interviews were conducted with five government officials and eight members of civil society. Responses were compiled and the relevant sections sent by email to all respondents for their comments before finalization.

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

No disagreements

8)

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

No concerns

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9)

NCPI - PART A [to be administered to government officials]

Organization Names/Positions			Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 1	Ministry of Health	Dr. Bassam Hajawi/Director of Communicable Disease Control and Director of National AIDS Program	A.I, A.II

10)

Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]	
Respondent 2	Ministry of Health	Dr. Assad Rahhal/Deputy Manager of National AIDS Program	A.I, A.II, A.III, A.V
Respondent 3	Ministry of Health	Dr. Rajii Al Azza/Head of STI Division and VCT Management Center	A. IV
Respondent 4	Ministry of Health	Dr. Jamal Anani/Director of National Center for the Rehabilitation of Addicts	A.I, A.II, A.III, A.IV, A.V
Respondent 5	Anti Narcotics Department	Lt. Colonel Anwar al- Tarawneh/Head of Judicial Police Division	A. II, A. III, A. IV, A. V
Respondent 6			
Respondent 7			
Respondent 8			
Respondent 9			
Respondent 10			
Respondent 11			
Respondent 12			
Respondent 13			
Respondent 14			
Respondent 15			
Respondent 16			
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Respondent
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11)

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

Organization Names/Positions		Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 1	UNICEF Jordan Jumana Haj Ahmad/Adolescents Specialist	B.I

12)

Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 2	UNICEF Jordan Maha Homsi/ECD-Protection Specialist	B.I
Respondent 3	UNODC Jordan Saja Amasheh/Program Assistant	B.I
Respondent 4	UNHCR Jordan Dr.Sameh Youssef/Senior Public Health Officer	B.I
Respondent 5	Bushra Center for Studies and Research Jehan Murjan/Director	B. II, B. III, B. IV
Respondent 6	Representative of PLHIV Anonymous	B.II, B.IV
Respondent 7	Future Guardians Marwan Odehallah/Board Member and Trainer	B. II, B. III, B. IV
Respondent 8	Future Guardians Asma Obeidat/Trainer	B.II, B.III, B.IV
Respondent 9		
Respondent 10		
Respondent 11		
Respondent 12		
Respondent		

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Respondent
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13)

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

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

Yes (0)**Page 7**14) **Part A, Section I: STRATEGIC PLAN****Question 1 (continued)****Period covered:**

2005-2009

15)

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

5

16)

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

	Included in strategy	Earmarked budget
Health	Yes	Yes
Education	Yes	No
Labour	Yes	Yes
Transportation	No	No
Military/Police	Yes	Yes
Women	Yes	No
Young people	Yes	No
Other*	Yes	No

Page 8

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

Question 1.2 (continued)

If "Other" sectors are included, please specify:

Tourism, Culture, Religion

18)

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

There are no distinct budget lines to cover HIV activities for the different sectors. The government's annual budget covers many activities and costs for the different sectors including staffing and overhead costs for the National AIDS Program, some treatment costs etc. This helps to ensure sustainability of programs and activities.

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19)

Part A, Section I: STRATEGIC PLAN

1.3 Does the multisectoral strategy address the following target populations, settings and crosscutting issues?

Target populations	
a. Women and girls	Yes
b. Young women/young men	Yes
c. Injecting drug users	Yes
d. Men who have sex with men	Yes
e. Sex workers	Yes
f. Orphans and other vulnerable children	Yes

g. Other specific vulnerable subpopulations*	Yes
--	-----

Settings

h. Workplace	Yes
--------------	-----

i. Schools	Yes
------------	-----

j. Prisons	Yes
------------	-----

Cross-cutting issues

k. HIV and poverty	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	No
--	----

20)

1.4 Were target populations identified through a needs assessment?

Yes (0)

Page 10

21)

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

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22)

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

The National AIDS Strategy divides target populations into primary and secondary groups. Primary groups include sex workers, men who have sex with men and injecting drug users. Secondary groups include youth, frequent travelers, military/uniformed services, workers in certain sectors (health, tourism and transportation), prisoners, refugees and street children.

23)

1.6 Does the multisectoral strategy include an operational plan?

Yes (0)

24)

1.7 Does the multisectoral strategy or operational plan include:

a. Formal programme goals?	Yes
----------------------------	-----

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

25)

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

Active involvement (0)

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26)

Part A, Section I: STRATEGIC PLAN

Question 1.8 (continued)

IF active involvement, briefly explain how this was organised:

Civil society was involved in the drafting of the National AIDS Strategy, its endorsement and its implementation. The National AIDS Program announced through the media that it was looking for partners within civil society. Partners had to meet certain criteria regarding registration and infrastructure. Fifty-seven CBOs and NGOs were chosen to work with the NAP and 1/3 of the Global Fund budget was spent on the 95 contracts drawn up with these organizations.

27)

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

Yes (0)

28)

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

Yes, all partners (0)

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29)

Part A, Section I: STRATEGIC PLAN

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

Yes (0)

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30)

Part A, Section I: STRATEGIC PLAN

2.1 IF YES, in which specific development plan(s) is support for HIV integrated?

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

31)

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

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

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32)

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

33)

Part A, Section I: STRATEGIC PLAN

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

3 (3)

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	No
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):

Testing is mandatory for peacekeeping forces as they deploy and return.

37)

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

No (0)

Page 21

38)

Part A, Section I: STRATEGIC PLAN

6. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations or other vulnerable subpopulations?

No (0)

Page 23

39)

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

40)

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

Yes (0)

41)

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

Yes (0)

Page 25

42)

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)

43)

7.4 Is HIV programme coverage being monitored?

Yes (0)

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44)

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

Yes (0)

45)

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

Yes (0)

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46)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (b) (continued)

IF YES, for which population groups?

Sex workers, IDUs, MSM, Youth, Prisoners, Workplace, Refugees

47)

Briefly explain how this information is used:

It is used for program and intervention planning and development, estimations, fundraising

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

Question 7.4 (continued)

(c) Is coverage monitored by geographical area?

Yes (0)

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49)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (c) (continued)

IF YES, at which geographical levels (provincial, district, other)?

Governorate level / there are 12 governorates in Jordan

50)

Briefly explain how this information is used:

It is used for program and intervention planning and development, estimations, fundraising

51)

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

52)

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

8 (8)

53)

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

Since 2007, access to most-at-risk populations has somewhat improved, BSS and the M&E system have been strengthened and there is greater capacity building of NGO and CBO staff. There is an increase in the number of CBOs and NGOs partnering with the National AIDS Program. There is a multisectoral approach to the implementation of HIV programs.

54)

What are remaining challenges in this area:

Challenges include shortages in human and financial resources; difficulties in reaching MARPS, a conservative society that resists discussions on HIV, lack of regulations that clearly protect MARPS and PLHIV, including, for example, when it comes to employment.

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55)

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	No
Other high officials	Yes
Other officials in regions and/or districts	Yes

56)

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

57)

2.1 IF YES, when was it created?

Please enter the year in yyyy format

2002

58)

2.2 IF YES, who is the Chair?

Name	Dr. Deifallah Al Lawzi
Position/title	Secretary General of the Ministry of Health

59)

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?	No
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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60)

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

33

61)

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

5

62)

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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63)

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

64)

Part A, Section II: POLITICAL SUPPORT

Question 3 (continued)

IF YES, briefly describe the main achievements:

Main achievements include expansion of the membership to include civil society and PLHIV, the creation of operational guidelines and terms of reference, the securing of two Global Funds grants since 2002, fundraising with other donors including the UN and raising awareness on the strategic plan and HIV/AIDS policies among stakeholders.

65)

Briefly describe the main challenges:

Challenges include a high turn over in members and instances where the guidelines of the CCM are not always followed, especially in the case of M&E.

66)

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

Please enter the rounded percentage (0-100)

35

67)

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

Information on priority needs	Yes
Technical guidance	Yes
Procurement and distribution of drugs or other supplies	No

Coordination with other implementing partners	Yes
Capacity-building	Yes
Other: Please specify	

68)

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

Yes (0)

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69)

Part A, Section II: POLITICAL SUPPORT

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

No (0)

Page 38

70)

Part A, Section II: POLITICAL SUPPORT

Question 6.1 (continued)

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

8 (8)

71)

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

Since 2007, achievements have included continuous higher political commitment towards HIV prevention and other interventions and the involvement of high level officials in the implementation of HIV-related activities.

72)

What are remaining challenges in this area:

The main challenge remains that, because Jordan is a low prevalence country, other health needs take priority in government budget allocations.

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73)

Part A, Section III: PREVENTION

1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the *general population*?

Yes (0)

Page 40

74)

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

Check for key message explicitly promoted (multiple options allowed)

- a. Be sexually abstinent (0)
- c. Be faithful (0)
- g. Avoid commercial sex (0)
- h. Abstain from injecting drugs (0)
- j. Fight against violence against women (0)
- k. Greater acceptance and involvement of people living with HIV (0)
- n. Know your HIV status (0)

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

Blood safety, universal precautions for health workers

76)

1.2 In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?

Yes (0)

Page 41

77)

Part A, Section III: PREVENTION**2. Does the country have a policy or strategy promoting HIV-related reproductive and sexual health education for young people?**

Yes (0)

78)

2.1 Is HIV education part of the curriculum in:

primary schools? No

secondary schools? Yes
 teacher training? Yes

79)

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

Yes (0)

80)

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

Yes (0)

81)

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

Yes (0)

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82)

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

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

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

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83) **Part A, III. PREVENTION**

Question 3.1 (continued)

You have checked one or more policy/strategy for "Other populations". Please specify what are "other populations".

Taxi Drivers

Page 44

84)

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)

85)

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

Since 2007, there has been increased NGO and CBO involvement and outreach activities for MARPS and out-of-school children have spread.

86)

What are remaining challenges in this area:

There is still much work to be done with MARPS, including size estimation and harm reduction programs. MARPS are extremely difficult to reach; they face high stigma and discrimination and denial that they even exist.

Page 45

87)

Part A, III. PREVENTION

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

Yes (0)

Page 46

88)

Part A, III. PREVENTION

Question 4 (continued)

IF YES, how were these specific needs determined?

It has been determined that there is a need to focus prevention efforts on most-at-risk-populations and mother-to-child transmission.

89)

4.1 To what extent has HIV prevention been implemented?

**The majority of people in need
have access**

HIV prevention component

Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	N/A
IEC* on risk reduction	Don't agree
IEC* on stigma and discrimination reduction	Don't agree
Condom promotion	Don't agree
HIV testing and counselling	Don't 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	Don't agree
School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	Agree
HIV prevention in the workplace	Don't agree
Other: please specify	

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90)

Part A, III. PREVENTION

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

6 (6)

91)

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

Since 2007, there has been increased NGO and CBO involvement and outreach activities for MARPS and out-of-school children have spread.

92)

What are remaining challenges in this area:

However, there is still much work to be done with MARPS, including size estimation and harm reduction programs. MARPS are extremely difficult to reach; they face high stigma and discrimination and denial that they even exist.

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93)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1. Does the country have a policy or strategy to promote comprehensive HIV treatment, care and support? (Comprehensive care includes, but is not limited to, treatment, HIV testing and counselling, psychosocial care, and home and community-based care).

Yes (0)

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94)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1.1 IF YES, does it address barriers for women?

No (0)

95)

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

Yes (0)

96)

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

Yes (0)

Page 50

97)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 2 (continued)

IF YES, how were these determined?

The Care and Treatment Management Center within the National AIDS Program monitors the treatment and care of PLHIV and identifies needs. ARVs are ordered based on the requests of this management center. The center also refers PLHIV for necessary support from other governmental services - such as social services or financial support from the Ministry of Social Development - and NGOs or CBOs. There is a system in place for quarterly medical exams, home visits, distribution of first aid kits, nutritional awareness and training on the safe handling of blood and other bodily fluids.

98)

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

The majority of people in need have access

HIV treatment, care and support service

Antiretroviral therapy

Agree

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

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99)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

3. Does the country have a policy for developing/using generic drugs or parallel importing of drugs for HIV?

No (0)

100)

4. Does the country have access to *regional* procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy drugs, condoms, and substitution drugs?

No (0)

Page 53

101)

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)

102)

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

85% of patients have undetectable viral loads. This has led to their ability to marry and have children, which in turn lowers stigma and discrimination against them and keeps families together. Once treatment begins, patients remain committed to taking their medications.

103)

What are remaining challenges in this area:

Referral of PLHIV for non-AIDS treatment is very difficult, though it is covered by the national government insurance plan. Health care workers continue to refuse to treat HIV positive persons, particularly when invasive procedures are required. Costs of medications remain high due to the fact that, because Jordan is a low prevalence country, many pharmaceutical companies will not invest here.

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104)

Part A, Section IV: TREATMENT, CARE AND SUPPORT**5. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?**

N/A (0)

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105)

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

Yes (0)

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106)

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

2007

107)

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

2012

108)

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

Yes (0)

109)

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

No (0)

110)

1.4 IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?

Yes, all partners (0)

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111)

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

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

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112)

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

113)

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

Yes (0)

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114)

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".

10

115)

3.2 IF YES, has full funding been secured?

Yes (0)

116)

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

Yes (0)

Page 64

117)

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

Yes (0)

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118)

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:

Assessment is usually conducted quarterly, semi annually or biannually depending on the indicator. Impact indicators are assessed every 3-5 years. The National AIDS Program collects data from all partners and conducts the assessment.

119)

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

Yes (0)

Page 66

120)

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

in the National AIDS Commission (or equivalent)? No
in the Ministry of Health? Yes

Elsewhere? (please specify)

121) Number of permanent staff:
Please enter an integer greater than or equal to 0
24

122) Number of temporary staff:
Please enter an integer greater than or equal to 0
5

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123)

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	NAP Manager	Part time	2007
Permanent staff 2	Public Health Physician	Full time	2003
Permanent staff 3	Community Medical Specialist	Full time	2000
Permanent staff 4	Public Health Officer	Full time	1995
Permanent staff 5	Public Health Officer	Full time	2006
Permanent staff 6	Registered Nurse	Full time	2000
Permanent staff 7	Psychologist	Full time	2000
Permanent staff 8	M&E Officer	Full time	2006
Permanent staff 9	M&E Officer	Full time	2006
Permanent staff 10	12 Public Health Officers	Full time	1999
Permanent staff 11	Social Worker	Full time	2009
Permanent staff 12	Health Educator	Full time	2005
Permanent staff 13	Media Officer	Full time	2003
Permanent staff 14			
Permanent staff 15			

124)

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	Social Worker	Full time	2003
Temporary staff 2	M&E Officer	Full time	2007
Temporary staff 3	M&E Officer	Full time	2005

Temporary staff 4	M&E Officer	Full time	2008
Temporary staff 5	IT Personnel	Full time	2007
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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125)

Part A, Section V: MONITORING AND EVALUATION

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

Yes (0)

Page 69126) **Part A, Section V: MONITORING AND EVALUATION****Question 5.3 (continued)****IF YES, briefly describe the data-sharing mechanisms:**

Partners submit their M&E data and reports to the National AIDS Program. These include ad hoc reports on activities, regular reports (mostly on a quarterly or semi annual basis), operational research and health facility surveys. Other data sharing mechanisms include site monitoring visits, meetings with partners and the overseeing and follow-up of activities by the M&E Unit.

127)

What are the major challenges?

Challenges include delayed or non-reporting and limited resources mean that M&E activities depend on donors. Even when resources are available, it is difficult to locate national M&E experts to support the process.

Page 70

128)

Part A, Section V: MONITORING AND EVALUATION

6. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?

No (0)

Page 71

129)

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

Yes (0)

Page 72

130)

Part A, Section V: MONITORING AND EVALUATION**7.1 IF YES , briefly describe the national database and who manages it:**

A computerized system for VCT, mostly managed manually then entered on Excel sheets. It is managed by the NAP.

131)

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, all of the above (0)

Page 73

132)

7.3 Is there a functional* Health Information System?

At national level	Yes
At subnational level	Yes

Page 74

133)

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)?

Directorate level

134)

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

No (0)

135)

9. To what extent are M&E data used

9.1 in developing / revising the national AIDS strategy?:

4 (4)

136)

Provide a specific example:

Monitoring and evaluation data was used extensively to help guide the MARP condom distribution strategy.

137)

What are the main challenges, if any?

Challenges include the fact that partners do not always understand the value of M&E and this leads to weak reporting.

Page 75

138) Part A, Section V: MONITORING AND EVALUATION

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

4 (4)

139)

Provide a specific example:

Monitoring and evaluation data was used to estimate the number of people who would require ARVs in the coming year. The estimation was correct, the budget allocated was exact and no medications were wasted.

Page 76

140)

Part A, Section V: MONITORING AND EVALUATION

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

4 (4)

141)

Provide a specific example:

Full time staff was increased according to M&E data and projections. The data was used to identify program gaps and positions were created to cover those gaps.

Page 77**142) 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

143)

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

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

Page 79**144) 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

10

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

Please enter an integer greater than 0

58

Page 80

146)

Part A, Section V: MONITORING AND EVALUATION

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

No (0)

Page 82**147) Part A, Section V: MONITORING AND EVALUATION**

Question 10.2 (continued)

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

7 (7)

148)

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

Since 2007, M&E reporting forms have been developed, there has been extensive training of staff and stakeholders on M&E and the national M&E plan is updated annually. A protocol for BSS was developed, though the data has not yet been analyzed.

149)

What are remaining challenges in this area:

Though partners and stakeholders are showing a greater commitment to reporting, M&E concepts are still not fully understood. Further documentation of programs and activities is required and it is necessary to do more to ensure data quality. Training on software, including CRIS, is essential.

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150)

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.)

No (0)

Page 84

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

153)

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

N/A

154)

Briefly describe the content of these laws:

There are specific non discrimination laws to protect women and young people (such as the Domestic Violence Law, for example). Regarding mobile populations, an agreement between Ministry of Health and UNHCR allows Iraqis to be treated at primary health care facilities at the same rates as non-insured Jordanians. However, these laws and policies are not fully implemented and there are currently no mechanisms in place to enforce them. Regarding IDUs, they are not arrested or condemned if they seek treatment at rehabilitation centers and are not found to be dealing drugs. No laws exist to protect other populations deemed by Jordan to be most-at-risk for contracting HIV; namely sex workers and men who have sex with men.

155)

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

Not fully implemented and there are no mechanisms in place to enforce them.

Page 86

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	No
b. Young people	Yes

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

158)

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

For migrant and refugee communities, the regulation that currently poses the greatest obstacle to effective HIV treatment, care and support is the deportation of non-Jordanians when and if found to be HIV positive. The fact that sex work is a criminal activity in Jordan may prevent sex workers from approaching services and disclosing information on risky behavior. For young people, accessing prevention services may be difficult due to regulations that require parental approval for youth under 18 to approach primary health care and reproductive health clinics.

Page 88

159) **Part B, Section I. HUMAN RIGHTS**

4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?

No (0)

Page 89

160)

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, most-at-risk populations and/or other vulnerable subpopulations?

No (0)

Page 90

161)

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

162)

Part B, Section I. HUMAN RIGHTS

Question 6 (continued)

IF YES, describe some examples:

This exists to a limited extent and is not systemized. The Country Coordination Mechanism includes a representative of people living with HIV, but not most-at-risk populations. Some activities are implemented with the participation of PLHIV or sex workers when external funding is available but they are not sustained. There is still very high stigma within the government and the Jordanian society at large regarding sex workers, men who have sex with men and injecting drug users and there are no policies in place to protect them if they do seek out opportunities to participate.

163)

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

164)

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

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

The National AIDS Program within the Ministry of Health provides free counseling, testing, and treatment and care services and there are guidelines and protocols to guide the provision of these services. VCT staff is very well trained and anecdotal reports show that confidentiality during testing is very high, at least at the central level. Periphery VCT sites may not as reliable in protecting confidentiality. In either case, the ability of individuals to withhold their HIV status decreases significantly after they are found to be carrying the virus. It is widely recognized that PMCT needs to be strengthened as women currently do not have access to counseling and testing services in prenatal clinics. Condom distribution and needle exchange programs for most-at-risk populations are also not available, other than scattered outreach programs for sex workers which provide free condoms. Adolescents and singles may not have access to reproductive health clinics where free condoms are distributed as a method of birth control. Regarding injecting drug users, some IEC on risk reduction may be available at treatment centers affiliated with prisons, but women IDUs have no access to these centers. Women who are caught using drugs are sent directly to prison and they rarely approach Ministry of Health or private treatment centers voluntarily.

165)

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

166)

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)

167)

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

168)

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

IF YES, briefly describe the content of this policy:

Yes, the National AIDS Strategy ensures prevention, treatment and care services for all Jordanians. However, implementation of this policy is challenging. The government of Jordan provides strong, comprehensive services in terms of treatment for PLHIV. However, stigma and discrimination by physicians, the community and workplaces prevent PLHIV and most-at-risk populations from fully accessing these services.

169)

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

No (0)

Page 95

170)

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

No (0)

171)

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

No (0)

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172)

– **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)

173)

– **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)

174)

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

No (0)

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175)

Part B, Section I. HUMAN RIGHTS

Question 12 (continued)

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

The National Center for Human Rights

Page 99

176)

Part B, Section I. HUMAN RIGHTS

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

No (0)

177)

– **Legal aid systems for HIV casework**

No (0)

178)

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

No (0)

179)

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

Yes (0)

180)

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

Yes (0)

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181)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)

IF YES, what types of programmes?

Media	Yes
School education	Yes
Personalities regularly speaking out	No
Other: please specify	

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182)

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?

4 (4)

183)

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

Key achievements include a high level of commitment by the National AIDS Program, confidentiality of VCT and good quality of services provided to PLHIV by the National AIDS Program.

184)

What are remaining challenges in this area:

The fact that HIV prevalence in Jordan is very low, and that the subject is still a highly taboo one among policy makers, renders HIV/AIDS a low priority issue. Government officials, private and public sector medical staff, schools, private and public institutions and employers require further sensitization on HIV/AIDS and protecting the rights of PLHIV. National human rights organizations and women's groups must be involved in policy design and laws need to be amended to clearly spell out protections for PLHIV and most-at-risk populations.

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185)

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)

186)

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

N/A

187)

What are remaining challenges in this area:

Policies, laws and regulations to protect PLHIV and vulnerable populations do not exist.

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188)

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?

3 (3)

189)

Comments and examples:

Civil societies invite top leaders to patron and attend HIV-related events and activities, including workshops, in order to gain support and strengthen advocacy efforts. The recommendations of civil society are taken into account during planning and implementation of national HIV programs and activities. However, outside of the Ministry of Health, national level support for HIV/AIDS is still weak.

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190)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

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

2 (2)

191)

Comments and examples:

Local NGOs and CBOs were not heavily involved in, or informed on, issues concerning the National AIDS Strategy.

Page 105

192)

a. the national AIDS strategy?

1 (1)

193)

b. the national AIDS budget?

3 (3)

194)

c. national AIDS reports?

1 (1)

195)

Comments and examples:

Civil Society expects improved representation in the upcoming 2010 HIV/AIDS Strategy and budget

Page 106

196)

a. developing the national M&E plan?

2 (2)

197)

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

0

198)

c. M&E efforts at local level?

3 (3)

199)

Comments and examples:

NGOs and CBOs are willing to contribute more to M&E efforts; however funding remains a challenge and further capacity building and coordination with the national M&E department at the National AIDS Program is necessary. It is currently not common practice to share national reports with NGOs and CBOs.

Page 107**200) 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)

201)

Comments and examples:

Organizations are diverse to some extent; however more organizations need to work directly with MARPS, especially MSM and IDUs. Faith-based organizations could provide strong support; however they need to be made more aware of the importance of working with vulnerable populations.

Page 108

202)

a. adequate financial support to implement its HIV activities?

2 (2)

203)

b. adequate technical support to implement its HIV activities?

3 (3)

204)

Comments and examples:

NGOs and CBOs in other countries in the region appear to receive greater technical support regarding outreach, M&E, implementation challenges...etc. Financial support is available; however it is difficult for civil society to access because of bureaucracy, especially within the UN system, and technical weaknesses. NGOs sometimes become frustrated and focus their efforts on issues

other than HIV/AIDS.

Page 109**205) 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%
- Men who have sex with men	<25%
- Sex workers	51-75%
Testing and Counselling	<25%
Reduction of Stigma and Discrimination	>75%
Clinical services (ART/OI)*	<25%
Home-based care	<25%
Programmes for OVC**	<25%

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206)

Part B, Section II. CIVIL SOCIETY PARTICIPATION**Question 7 (continued)**

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

8 (8)

207)

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

Since 2007, support of civil society participation has increased significantly. Civil society staffs have been invited to participate in internal and external conferences and workshops. They have been included in the Country Coordination Mechanism and the UNODC Task Force for IDUs and HIV/AIDS. The National AIDS Program supports networking efforts among NGOs, CBOs and UN agencies.

208)

What are remaining challenges in this area:

Challenges include the need for greater civil society participation in M&E. National HIV/AIDS reports need to be shared and the contributions of civil society highlighted.

Page 111

209)

Part B, Section III: PREVENTION

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

Yes (0)

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210)

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

Through meetings and feedback sessions conducted with NGOs, MARPs and PLHIV. Also, through research and the field experiences of civil society.

211)

1.1 To what extent has HIV prevention been implemented?

	The majority of people in need have access
HIV prevention component	
Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Don't agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Agree
Condom promotion	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	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	Don't agree
School-based HIV education for young people	Don't agree
HIV prevention for out-of-school young people	Don't agree
HIV prevention in the workplace	Don't agree
Other: please specify	

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212)

Part B, Section III: PREVENTION**Question 1.1 (continued)****Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?**

8 (8)

213)

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

Achievements include greater participation of PLHIV and MARPS in program planning and implementation.

214)

What are remaining challenges in this area:

Challenges include financial constraints when implementing programs to support MARPS who want lifestyle changes and the lack of direct support to IDUs and MSM.

Page 114

215)

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

216)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

Question 1 (continued)

IF YES, how were these specific needs determined?

Discussions with PLHIV, civil society and other stakeholders

217)

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

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218)

Part B, Section IV: TREATMENT, CARE AND SUPPORT**Question 1.1 (continued)**

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?

7 (7)

219)

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

Achievements include monthly financial support provided to PLHIV as of mid-2009, the regular availability of ARVs, strong psychosocial care and support from the National AIDS Program, and the inclusion of PLHIV in most activities.

220)

What are remaining challenges in this area:

PLHIV report that they receive excellent treatment, care and support from the National AIDS Program. However, outside of the program, they face tremendous health care obstacles. Many public and private sector physicians refuse to treat PLHIV, admission into hospitals is a very complicated process and even simple procedures, such as dental extraction, are difficult to access. PLHIV also reveal that they are facing government resistance to the idea of establishing a society to represent themselves and their interests.

Page 117

221)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

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

N/A (0)