

Survey Response Details

Response Information

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Response Details

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1) Country

Bulgaria (0)

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

Tsvetana Yakimova, Directorate for Management of Specialized Donor-Funded Programmes and Monitoring and Evaluation Manager of Program "Prevention and Control of HIV/AIDS", Ministry of Health

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7) Date of submission:

Please enter in DD/MM/YYYY format

31/03/2010

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

By virtue of the Statutory Rules of the Ministry of Health, the Directorate for Management of Specialized Donor-Funded Programmes is responsible for administration of the activities of the

National Committee for Prevention of AIDS and STIs at the Council of Ministers and its extended membership acting as the Country Coordinating Mechanism to Fight AIDS and Tuberculosis (CCM). A working group to prepare the Country UNGASS Report 2010 was established with an Order of the Minister of Health and chaired by the Deputy Minister of Health, who is also a CCM Member and the Chair of the Expert Board on HIV and STIs at the Ministry of Health. In order to ensure broad membership and transparency of the process, the working group also included representatives of non-governmental and international organizations, and people living with HIV. The process for NCPI Part A data gathering included face-to-face interviews and a focus group with governmental representatives. The process for NCPI Part B data gathering included official letter to all NGOs, bilateral and international organizations known to be working in the field of HIV/AIDS to fill-in the questionnaire. Based on provided questionnaires, the working group prepared a database with the responses and drafted concordant answers to the questionnaire. The draft UNGASS report was presented at a meeting of the Country Coordinating Mechanism to Fight AIDS and Tuberculosis for review, discussion and agreement.

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

There were not major disagreements which needed resolving.

10)

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

No major concerns.

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11)

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

Organization Names/Positions			Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 1	Ministry of Health	Dr. Tonka Varleva - National AIDS Coordinator and Secretary of the National Committee for Prevention of AIDS and STIs at the Council of Ministers	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	Country Coordinating Mechanism to Fight AIDS and Tuberculosis	Prof. Hristo Taksov, Vice-Chair	A.I, A.II, A.III, A.IV, A.V
Respondent 3	Ministry of Health, Directorate for Management of Specialized Donor-Funded Programmes	Ms. Tsvetana Yakimova, Chief Expert	A.I, A.II, A.III, A.IV, A.V
Respondent 4	Ministry of Health, Directorate for Management of Specialized Donor-Funded Programmes	Mrs. Tsvetelina Todorova, State Expert	A.I, A.II, A.III, A.IV, A.V

Respondent 5	Ministry of Health, Directorate for Management of Specialized Donor-Funded Programmes	Mrs. Bahtiyar Karaahmed, Expert	A.I, A.II, A.III, A.IV, A.V
Respondent 6	Ministry of Health, Directorate for Management of Specialized Donor-Funded Programmes	Ministry of Health, Directorate for Management of Specialized Donor-Funded Programmes	A.I, A.II, A.III, A.IV, A.V
Respondent 7			
Respondent 8			
Respondent 9			
Respondent 10			
Respondent 11			
Respondent 12			
Respondent 13			
Respondent 14			
Respondent 15			
Respondent 16			
Respondent 17			
Respondent 18			
Respondent 19			
Respondent 20			
Respondent 21			
Respondent 22			
Respondent 23			
Respondent 24			
Respondent 25			

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	UNDP Ms. Lene Jespersen - UNDP Resident Representative a.i.	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	WHO Country Office	Ms. Emilia Tontcheva - Head of WHO Country Office	B.I, B.II, B.III, B.IV
Respondent 3	UNODC	Ms. Carla Ciavarella - UNODC Regional Project Coordinator	B.I, B.II, B.III, B.IV
Respondent 4	UNICEF	Ms. Tania Radocaj - UNICEF Resident Representative	B.I, B.II, B.III, B.IV
Respondent 5	UNHCR	Ms. Milagros Leynes - UNHCR Representative	B.I, B.II, B.III, B.IV
Respondent 6	UNFPA	Ms. Elena Zlatanova - UNFPA National Programme Officer	B.I, B.II, B.III, B.IV
Respondent 7	UNAIDS	Ms. Ivanka Angelkova - UNAIDS Project Manager	B.I, B.II, B.III, B.IV
Respondent 8	BASP, Sofia	1. Dr. Radosveta Stamenkova - Director, 2. Daniela Dikova - Coordinator, 3. Lilia Nikolova - VCT Counsellor	B.I, B.II, B.III, B.IV
Respondent 9	Bulgarian Red Cross, Kustendil	1. Mr.V.Nikolov - Chair, 2.Mr.A.Rangelov - Outreach Worker, 3.Ms.G.Ivanova - Outreach Worker, 4.Mr.St.Ivanov - Coordinator	B.I, B.II, B.III, B.IV
Respondent 10	FUND "IGA", Pazarjik	1. Ms.Valentina Gesheva - Coordinator, 2.Mr.Oleg Komsalov - Outreach Worker, 3. Mr. Petar Germanov -Outreach Worker	B.I, B.II, B.III, B.IV
Respondent 11	Foundation "PULS", Pernik	1. Ms. Kristina Sergieva - Coordinator	B.I, B.II, B.III, B.IV
Respondent 12	"LARGO", Kustendil	1. Mr. Sasho Kovachev - Chair	B.I, B.II, B.III, B.IV
Respondent 13	Fondation for regional development "ROMA", Plovdiv	1. Mr. Anton Karagiozov -Chair, 2. Ms. Rosica Toncheva - Local expert, 3. Ms. Atanaska Turiiska - Office Assistant, 4. Mr. Asen Karagiozov - Outreach Worker	B.I, B.II, B.III, B.IV
Respondent 14	"World without borders" St. Zagora	1. Gancho Iliev - Chair, 2. Ms. Milena Ilieva - Local Expert	B.I, B.II, B.III, B.IV
Respondent 15	"Roma Health" Foundation, Sliven	1. Mr. D-r Stefan Panajotov - Chair	B.I, B.II, B.III, B.IV
Respondent 16	"Zaedno", Vidin	1. Mr. Dragomir Mihailov -Chair	B.I, B.II, B.III, B.IV
Respondent 17	"Roma Union County", Burgas	1. Mr. Mitko Dokov - Chair, 2. Ms. Desislava Toneva - Outreach Worker	B.I, B.II, B.III, B.IV
Respondent 18	"Samaritans", St. Zagora	1. Mr.Neiko Ivanov - Coordinator	B.I, B.II, B.III, B.IV
Respondent 19	„SOS-Families at Risk", Varna	1. Ms. Cvetelina Stefanova - Coordinator, 2. Mr. Christopher Zumbulski - Assistant	B.I, B.II, B.III, B.IV
	„Health and	1. Mr. Martin Rachev - Coordinator, 2. Ms. Denitsa Vasileva - Outreach Worker, 3. Ms. Ralitsa Nedelcheva - Outreach Worker	

Respondent 20	Prevention of people at risk", Ruse	1. Mr. Martin Rachev - Coordinator, 2. Ms. Denitsa Vasileva - Outreach Worker, 3. Ms. Ralitsa Nedelcheva - Outreach Worker 1. Mr. Martin Rachev - Coordinator, 2. Ms. Denitsa Vasileva - Outreach Worker, 3. Ms. Ralitsa Nedelcheva - Outreach Worker	B.I, B.II, B.III, B.IV
Respondent 21	„Health and Social Development", Sofia	1. Ms. Raina Dimitrova - Coordinator	B.I, B.II, B.III, B.IV
Respondent 22	"Equilibrium", Burgas	1. Ms. Slaveika Nikolova - Trainer, 2. Ms. Petia Chakurova - Coordinator, 3. Ms. Stanislava Vulkova - Trainer, 4. Ms. Keranka Baicheva - Supervisor 1. Ms. Slaveika Nikolova - Trainer, 2. Ms. Petia Chakurova - Coordinator, 3. Ms. Stanislava Vulkova - Trainer, 4. Ms. Keranka Baicheva - Supervisor	B.I, B.II, B.III, B.IV
Respondent 23	"Bulgarian Red Cross", Shumen	1. Mr. Plamen Petrov - Director Secretariat, 2. Mr. Stancho Stanchev - Trainer	B.I, B.II, B.III, B.IV
Respondent 24	"Global Initiative on Psychiatry", Sofia	1. Mr. Stefan Novoselski - Coordinator	B.I, B.II, B.III, B.IV
Respondent 25	Community Center "LIK", Pleven	1. Ms. Katia Bozhikova - Chair	B.I, B.II, B.III, B.IV

15) If the number of respondents to Part B is more than 25, please enter the rest of respondents for Part B in below box.

"Nadja Centre" Foundation, Ruse 1. Ms. Deana Velikova - Coordinator "The Centre for Social Practices ", Varna 1. Ms. Radka Traianova - Chair "Panaceaia" Foundation, Plovdiv 1. Ms. Asia Stoianova - Chair

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16)

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)

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

Question 1 (continued)

Period covered:

2001-2015

18)

1.1 How long has the country had a multisectoral strategy?

Number of Years

9

19)

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

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

Page 8**20) Part A, Section I: STRATEGIC PLAN****Question 1.2 (continued)****If "Other" sectors are included, please specify:**

justice, finance, human resources

21)

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?

Bulgaria is a country which does not face gender issues in the general population. The country has undertaken the necessary measures to ensure equal access to health and social services, including HIV-related services.

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22)

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	No
g. Other specific vulnerable subpopulations*	Yes
Settings	
h. Workplace	No
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

23)

1.4 Were target populations identified through a needs assessment?

Yes (0)

Page 10

24)

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

2007

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25)

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

IDU, MSM, Roma people, Prisoners, Sex workers, Migrants, Young people, PLHIV, pregnant women and children born to HIV-positive mothers

26)

1.6 Does the multisectoral strategy include an operational plan?

Yes (0)

27)

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 |

28)

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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29)

Part A, Section I: STRATEGIC PLAN

Question 1.8 (continued)

IF active involvement, briefly explain how this was organised:

Civil-society organizations were actively involved in a broad national consultative process in 2007 when 9 round tables organized on national level in order to evaluate the strengths, weaknesses, opportunities and threats of the interventions implemented within the framework of the National Action Plan for Prevention and Control of HIV/AIDS and STIs (2001-2007). Future policies and strategies in the areas of HIV prevention, testing, treatment, care and support to ensure impact and sustainability of the national response were major subject of the round tables. More than 240 people participated actively in consultative process representing key stakeholders in the country: governmental institutions (ministries, state agencies, commissions), health and social care providers, representatives of the academic sector, representatives of most-at-risk groups and PLHIV, Representatives of civil society organizations working primarily with the hard-to-reach groups. Further, they participate with small proposals in the design of specific interventions, local strategic planning processes and actual implementation of activities among the target groups of the national HIV/AIDS policy

30)

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

Yes (0)

31)

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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32)

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

33)

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	N/A
b. Common Country Assessment / UN Development Assistance Framework	N/A
c. Poverty Reduction Strategy	N/A
d. Sector-wide approach	Yes
e. Other: Please specify: Program declaration of the Government of the European Development of Bulgaria, National Demographic strategy 2006 - 2008; National Child strategy 2008- 2018;	

34)

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

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

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35)

Part A, Section I: STRATEGIC PLAN**3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?**

N/A (0)

Page 17

36)

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

37)

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	No
Antiretroviral treatment	Yes
Care and support	Yes
Other: Please specify	

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38)

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):

Uniformed services receive voluntary HIV counseling and testing and there is a regular practice where counselors from the Voluntary HIV Counselling and Testing (VCT) centers to provide anonymous HIV services to military and prison staff.

39)

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

40)

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	No
f. Prison inmates	Yes
g. Migrants/mobile populations	Yes
Other: Please specify	No

41)

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

The Law on Protection against Discrimination, effective as of 1 January 2004 ensures protection against all forms of discrimination (direct and indirect discrimination) based on sex, race, nationality, ethnicity, nationality, origin, religion or belief, education, beliefs, political affiliation, personal or social status, disability, age, sexual orientation, marital status, property status or any other signs established in law or international treaty to which Bulgaria is a party.

42)

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

The Commission for Protection Against Discrimination is an independent specialized state body which exerts control over the implementation and compliance with the Law for Protection against Discrimination and other laws regulating equality of treatment. Pursuant to Art. 50 of the Law on Protection against Discrimination any person alleging discrimination has the possibility to file a complaint. The Commission has the powers under the law to impose sanctions and coercive administrative measures; issue obligatory prescriptions for compliance with this and other laws, which regulate the equality of treatment; appeal against the administrative acts, which are in contravention to this and other laws, which regulate the equal treatment, initiate claims before the court; issue proposals and recommendations to the state and local self-government bodies to terminate discrimination practices and to revoke their acts, which have been issued in contravention to this and other laws, which regulate the equal treatment.

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43)

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)

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44)

Part A, Section I: STRATEGIC PLAN

6.1 IF YES, for which subpopulations?

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

45)

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

The provisions of Art. 354 A of the Penal Code of the Republic of Bulgaria criminalize the possession of single dose narcotic substances.

46)

Briefly comment on how they pose barriers:

The abovementioned provisions create obstacles for effective HIV prevention among IDU. Fear of incrimination makes them even more hard to reach by outreach worke

Page 23

47)

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

48)

Part A, Section I: STRATEGIC PLAN

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

Yes (0)

49)

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

Yes (0)

Page 25

50)

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)

51)

7.4 Is HIV programme coverage being monitored?

Yes (0)

Page 26

52)

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

Yes (0)

53)

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

Yes (0)

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54)

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

IDU, MSM, Roma people, Prisoners, Sex workers, Migrants, Young people, PLHIV, pregnant women and children born to HIV-positive mothers

55)

Briefly explain how this information is used:

All results was analysed in combination of regular programmatic and qualitative data collected through the implementation of the expiring GF grant, and consequently used to guide planning

Page 28**56) Part A, Section I: STRATEGIC PLAN****Question 7.4 (continued)****(c) Is coverage monitored by geographical area?**

Yes (0)

Page 29

57)

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

district

58)

Briefly explain how this information is used:

The information is used for setting key priorities in terms of target groups, key services to be provided, and geographical deployment of services according to the epidemiological patterns and risk assessment.

59)

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

60)

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)

61)

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

Key legal documents were amended in order to ensure decentralization of ARV treatment in 5 regional AIDS treatment facilities. HIV/AIDS prevention training was provided to specialists from Health, Educational and Social sectors, with focus on most-at-risk groups. Political will and support for the National Programme. Active involvement of civil society

62)

What are remaining challenges in this area:

Restructuring and institutional strengthening of 28 regional public health institutions in order to better accomplish their role as key institutions with the mandate to provide local leadership in the field of the HIV/TB/STI Greater involvement of municipal authorities in the field of strategic planning, financing and implementation of local strategies for HIV/AIDS prevention. Sustainable financing of HIV/AIDS prevention activities and services provided for most-at-risk groups

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63)

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

64)

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

Yes (0)

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65)

2.1 IF YES, when was it created?

Please enter the year in yyyy format

1996

66)

2.2 IF YES, who is the Chair?

Name	Simeon Djankov
Position/title	Minister of Finance, Vice Prime Minister

67)

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

have terms of reference?	Yes
have active government leadership and participation?	Yes
have a defined membership?	Yes
include civil society representatives?	Yes
include people living with HIV?	Yes
include the private sector?	Yes
have an action plan?	Yes
have a functional Secretariat?	Yes
meet at least quarterly?	Yes
review actions on policy decisions regularly?	Yes
actively promote policy decisions?	Yes

provide opportunity for civil society to influence decision-making? Yes

strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting? Yes

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68)

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

39

69)

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

11

70)

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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71)

Part A, Section II: POLITICAL SUPPORT

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

Yes (0)

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72)

Part A, Section II: POLITICAL SUPPORT

Question 3 (continued)

IF YES, briefly describe the main achievements:

The main achievement is ensured by the role of CCM Bulgaria in the process of designing, strategic

planning , monitoring and evaluation of the National AIDS Program. According to the procedures and terms of reference of Bulgarian National Committee on AIDS and STDs Prevention, more than 60 % of members are from the nongovernmental sector.

73)

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	No

74)

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

75)

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)

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76)

Part A, Section II: POLITICAL SUPPORT

Question 6.1 (continued)

IF YES, name and describe how the policies / laws were amended:

The provisions of Art, 87 of the Law on Health were amended as to allow voluntary HIV counseling and testing for young people above the age of 16 without parental consent. Before the amendment of art 87 the age was 18.

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77)

Part A, Section II: POLITICAL SUPPORT

Question 6.1 (continued)

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

10 (10)

78)

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

Sustainable and increasing financing is provided from the State budget ever since 2007. Furthermore a new strategic plan was adopted by the Council of Ministers as a proof of strong political support

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79)

Part A, Section III: PREVENTION

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

Yes (0)

Page 40

80)

Part A, Section III: PREVENTION

1.1 IF YES, what key messages are explicitly promoted?

Check for key message explicitly promoted (multiple options allowed)

c. Be faithful (0)

d. Reduce the number of sexual partners (0)

e. Use condoms consistently (0)

f. Engage in safe(r) sex (0)

i. Use clean needles and syringes (0)

k. Greater acceptance and involvement of people living with HIV (0)

n. Know your HIV status (0)

o. Prevent mother-to-child transmission of HIV (0)

81)

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

Yes (0)

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82)

Part A, Section III: PREVENTION

2. Does the country have a policy or strategy promoting HIV-related reproductive and sexual health education for young people?

Yes (0)

83)

2.1 Is HIV education part of the curriculum in:

primary schools? Yes
secondary schools? Yes
teacher training?

84)

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

Yes (0)

85)

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

Yes (0)

86)

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

Yes (0)

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87)

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

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

Targeted information on risk reduction and HIV education

Injecting drug user, Men having sex with men, Sex workers, Clients of sex workers, Prison inmates, Other populations

Stigma and discrimination reduction	Injecting drug user, Men having sex with men, Sex workers, Other populations
Condom promotion	Injecting drug user, Men having sex with men, Sex workers, Clients of sex workers, Prison inmates, Other populations
HIV testing and counselling	Injecting drug user, Men having sex with men, Sex workers, Clients of 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, Clients of sex workers, Prison inmates, Other populations
Vulnerability reduction (e.g. income generation)	
Drug substitution therapy	Injecting drug user
Needle & syringe exchange	Injecting drug user

Page 43**88) 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".

Roma community

Page 44

89)

Part A, III. PREVENTION**Question 3.1 (continued)**

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

10 (10)

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?

In 2007, a series of round table discussions were organized to analyse the implementation of the national HIV/AIDS policies in the period 2001-2007. The round tables were structured around the target groups of the national policies and one was specifically dedicated to HIV testing policy. Round tables gathered all relevant stakeholders, including representatives of governmental institutions, bilateral agencies and international organizations, non-governmental organizations, health service providers, and representatives of target groups where possible. Among major outcomes can be pointed out the identification of migrants as a new target group.

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	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	Don't agree
HIV prevention in the workplace	Don't agree
Other: please specify	N/A

Page 47

93)

Part A, III. PREVENTION

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

10 (10)

Page 48

94)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1. Does the country have a policy or strategy to promote comprehensive HIV treatment, care and support? (Comprehensive care includes, but is not limited to, treatment, HIV

testing and counselling, psychosocial care, and home and community-based care).

Yes (0)

Page 49

95)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1.1 IF YES, does it address barriers for women?

No (0)

96)

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

Yes (0)

97)

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

Yes (0)

Page 50

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

through the workplace

HIV care and support in the workplace (including alternative working arrangements)

N/A

Other: please specify

Page 51

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:

Major progress is seen in further decentralization of the provision of ARV treatment in the country. By 2005, only the Infectious Diseases Hospital in the capital of Sofia had provided ARV treatment. In 2009, five sectors for treatment of people living with HIV are functioning in Sofia, Plovdiv, Varna, Pleven and Stara Zagora.

Page 54

103)

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)

Page 57

104)

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

In progress (0)

Page 64

105)

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

Yes (0)

Page 65

106)

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

In progress (0)

Page 70

107)

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)

108)

6.1 Does it include representation from civil society?

Yes (0)

Page 71

109)

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

Yes (0)

Page 72

110)

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

Mostly web based data base, managed by the M&E unit of the Programme "Prevention and control of HIV/AIDS" at the Ministry of Health.

111)

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

112)

7.3 Is there a functional* Health Information System?

At national level	Yes
At subnational level	

Page 74

113)

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

Yes (0)

114)

9. To what extent are M&E data used

9.1 in developing / revising the national AIDS strategy?:

5 (5)

115)

Provide a specific example:

M&E data is used for adjustment of resources to proved cost effective interventions for the particular target populations with evidence based data for higher risk to HIV infection.

Page 75

116) Part A, Section V: MONITORING AND EVALUATION

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

4 (4)

117)

Provide a specific example:

M&E data is used for resource allocation from one region to another because of the higher HIV incidence rate.

118)

What are the main challenges, if any?

Resource allocation is a time consuming process and not flexible enough to address the particular needs of the HIV epidemic.

Page 76

119)

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

4 (4)

120)

Provide a specific example:

M&E data allows control of the activities provided by the sub-recipients and implementers and is used for improvement of their results and motivation to work.

Page 77**121) 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

122)

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

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

Page 79**123) 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

18

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

Please enter an integer greater than 0

178

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

Please enter an integer greater than 0

64

Page 80

126)

Part A, Section V: MONITORING AND EVALUATION

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

No (0)

Page 82

127) 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?

10 (10)

128)

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

There is a web based database established and functioning. Better understanding of the reporting system for most at risk groups. (Measuring coverage of people reached at annual base instead of measuring the size of services provided through the years)

129)

What are remaining challenges in this area:

Providing precise information for implemented anonymous services to hard to reach and often criminalized target groups such as IDUs and sex workers.

Page 83

130)

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

131)

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:

There legal basis in Bulgaria that regulates human rights and protection against discrimination, namely the Law for Protection against Discrimination, does not specifically mention HIV. However, there are texts in other regulations which reflect specific rights of people living with HIV/AIDS - Art. 126. (1) from the Health Law. The Ordinance on labour readjustment lists the harmful and hard work that can not be performed by people living with HIV. The Penal Code criminalizes the illegal disclosure of a personal secret threatening the good name of someone else that is entrusted or has become known during business and shall be punished with imprisonment for 1 year and 5000 leva fine. Ordinance 34 regulates the terms and conditions for administering and receiving expensive drugs to treat diseases outside the scope of mandatory health insurance, which are purchased by the Ministry of Health with funds from the state budget. These are medicines for the treatment of cancer, haemodialysis, genetic disorders, metabolic diseases, blood disorders, AIDS and others. The National Health Strategy 2008-2013 indicates that a special approach and care will be given toe disadvantaged people and those from vulnerable groups to ensure equal access to health services. Additionally, Article 6, paragraphs 1 and 2 of the Bulgarian Constitution regulates discrimination, and Article 52 regulates the right to health.

132)

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

133)

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	Yes

e. Sex Workers	Yes
f. prison inmates	Yes
g. Migrants/mobile populations	Yes
Other: Please specify Ethnic minorities	Yes

134)

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

The Ombudsman of the Republic of Bulgaria has the task and duty to intervene, by the means envisaged in the law, in order to protect citizens' rights and freedoms when they have been violated by actions or omissions of the state and municipal authorities, administrations or by the person assigned with the provision of public services. Commission for Protection Against Discrimination is an independent specialized state body for prevention from discrimination, protection against discrimination and ensuring of equal opportunities. The Commission exerts control over the implementation and compliance with the Law for Protection against Discrimination and other laws regulating equality of treatment. Any person alleging discrimination under Art. 50 of the Law on Protection against Discrimination has the option of filing a complaint with the Commission for Protection against Discrimination. The Commission on its part proceeds with determining whether the complaint is within its jurisdiction and has the legal authority to accept the complaint for investigation and further conduct analyses of evidence and determine whether there is inference of discrimination. The Commission has the powers under the law to impose sanctions and coercive administrative measures; issue obligatory prescriptions for compliance with this and other laws, which regulate the equality of treatment; appeal against the administrative acts, which are in contravention to this and other laws, which regulate the equal treatment, initiate claims before the court; issue proposals and recommendations to the state and local self-government bodies to terminate discrimination practices and to revoke their acts, which have been issued in contravention to this and other laws, which regulate the equal treatment. The Human Rights and Religious Affairs Committee is at the level of the legislative power – the National Assembly, with its sub-committee on Women's Rights and Gender Equality, established in February 2006 and responsible for gender issues.

135)

Briefly describe the content of these laws:

The Law on Protection against Discrimination governs the right of individuals not be treated less favourably than others on grounds that include sex, race, nationality, ethnic origin, religion, sexual orientation and etc. The purpose of this law is to ensure equal treatment and effective protection against discrimination to all natural and legal entities on the territory of Bulgaria

136)

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

The Law on Protection against Discrimination and other non-discrimination laws and regulations are fully implemented.

Page 86

137)

Part B, Section I. HUMAN RIGHTS

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

other vulnerable subpopulations?

No (0)

Page 88**138) 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

139)

Part B, Section I. HUMAN RIGHTS**Question 4 (continued)****IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:**

The National Programme for Prevention and Control of HIV / AIDS and STI in Bulgaria 2008-2015 provides for the implementation of strategic interventions to reduce stigma and discrimination towards people living with HIV and high-risk groups by updating the legal framework, integrating the issue into the national system for protecting human rights, including the issue of HIV stigma and discrimination in programs of medical universities and enhancing access to medical and social services. In line with the national policies, the Municipality of Varna is one of the municipalities which have committed to implement agreements with the Ministry of Health on the implementation of the Programme "Prevention and control of HIV/AIDS at the local level. The municipality is one of the first in the country, which constructed and put into execution Municipal Strategy for Prevention of HIV/AIDS fro the period 2009 to 2014. The design of the strategy is markedly non-discriminatory, and specific text in the section on priority areas such as: working in partnership with the media, institutions and structures of civil society to conduct information campaigns and programs to increase public awareness, making significant positive changes in community norms and attitudes, the formation of a responsible attitude to own health, socially responsible attitude towards people living with HIV/AIDS, promotion of reproductive and sexual health, etc.

140)

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

141)

Part B, Section I. HUMAN RIGHTS

Question 5 (continued)

IF YES, briefly describe this mechanism:

The provisions of the Law on Protection against Discrimination and operation mechanisms of the Commission for Protection against Discrimination and the Ombudsman. Furthermore, Chapter 4th of the Law on Protection against Discrimination regulates the mechanisms for protection against any discrimination - prosecution and litigation in the protection from discrimination as long as the committee referred therein has confirmed the presence of discrimination. Although these mechanisms exist, they are not usually used by PLHIV because if they want to pursue their rights they will have to disclose their HIV status, which they might not be willing to do, due to existing social stigma.

142)

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

143)

Part B, Section I. HUMAN RIGHTS

Question 6 (continued)

IF YES, describe some examples:

PLHIV participate in the Expert Committee on HIV/AIDS at the Ministry of Health. PLHIV and other most at risk populations are also represented in the Country Coordinating Mechanism to Fight AIDS and Tuberculosis for the GFATM funded programs, too. Civil society, including most-at-risk populations and people living with HIV, took very active part in the development of the National Programme for Prevention and Control of HIV/AIDS (2008-2015) and are involved in its implementation.

144)

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

145)

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:

Generally, the financial resources allocated to Sub-Recipients of the Global Fund-funded Program "Prevention and control of HIV/AIDS" for the provision of free-of-charge services to the target groups, are not sufficient. Although ARV treatment is free-of-charge for the patients, there are treatment sectors only in 5 cities in the country, people from other towns need to travel, which is often impossible for them, and especially representatives of the poorer and risk groups

146)

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

147)

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)

148)

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

149)

Part B, Section I. HUMAN RIGHTS

Question 9 (continued)

IF YES, briefly describe the content of this policy:

The National Programme for Prevention and Control of HIV and STIs (2008-2015) sets out the national policies for ensuring universal access to HIV services. The goal of the National Programme is scaling up the coverage through interventions targeting the most-at-risk populations.

150)

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

151)

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 medical units are available for outreach work among Roma community, IDUs, sex workers, MSM, prison inmates. The programs and approaches are tailored to the specific needs of those groups and are designed and implemented with the participation of their representatives. The criminalization of the possession of single dose drugs for non-medical purposes resulted in difficulties for outreach workers in reaching IDUs with HIV/AIDS prevention services. The different approaches for ensuring equal access of most-at-risk groups include outreach work, HIV testing in the community, provision of additional health and social services for people from vulnerable groups, offering low-threshold services through community-based centres. Other basic approach is the provision of information aimed at the general population through the use of traditional AIDS campaigns. Among young people is used the approach of „peer education“, which enables effective awareness on HIV / AIDS in this group.

152)

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

No (0)

153)

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)

Page 97

154)

– 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)

155)

– Focal points within governmental health and other departments to monitor HIV-related human rights abuses and HIV-related discrimination in areas such as housing and employment

Yes (0)

156)

– Performance indicators or benchmarks for compliance with human rights standards in

the context of HIV efforts

No (0)

Page 98

157)

Part B, Section I. HUMAN RIGHTS**Question 12 (continued)****IF YES on any of the above questions, describe some examples:**

The Ombudsman, Commission for Protection against Discrimination, Communication Strategy for stigma/discrimination reduction

Page 99

158)

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)

159)

– Legal aid systems for HIV casework

No (0)

160)

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

No (0)

161)

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

Yes (0)

162)

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

Yes (0)

Page 100

163)

Part B, Section I. HUMAN RIGHTS**Question 15 (continued)****IF YES, what types of programmes?**

Media	Yes
School education	Yes
Personalities regularly speaking out	Yes
Other: please specify programs financed by external sources, national programs, regional initiatives	Yes

Page 101

164)

Part B, Section I. HUMAN RIGHTS**Question 15 (continued)****Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2009?**

5 (5)

165)

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

Involvement of NGOs, state and municipal structures in design and implementation of a single policy issue of HIV / AIDS. Expanding scope of the program "Prevention and control of HIV/AIDS"

166)

What are remaining challenges in this area:

People living with HIV are still not disclosing their HIV status, including medical settings, workplace, family, friends because of the still existing social stigma and discrimination. Increasing impact of civil society in the Bulgarian legislation concerning human rights related to HIV.

Page 102

167)

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?**

6 (6)

168)

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

Empowering customers to individual and community level

169)

What are remaining challenges in this area:

A greater involvement of government and civil society in monitoring of human rights.

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170)

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)

171)

Comments and examples:

Representative of PLHIV is a member of the Expert Council on HIV/AIDS at the Ministry of Health, which is involved in defining the drug policy, related to HIV/AIDS and in drafting and developing regulative framework for HIV treatment, care and prevention.

Page 104

172)

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)

Page 105

173)

a. the national AIDS strategy?

4 (4)

174)

b. the national AIDS budget?

3 (3)

175)

c. national AIDS reports?

4 (4)

Page 106

176)

a. developing the national M&E plan?

3 (3)

177)

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

3 (3)

178)

c. M&E efforts at local level?

3 (3)

Page 107

179) **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)

Page 108

180)

a. adequate financial support to implement its HIV activities?

3 (3)

181)

b. adequate technical support to implement its HIV activities?

4 (4)

182)

Comments and examples:

The civil society is able to access adequate financial and technical support to implement HIV activities only through the financing received by the GFATM, which raises concerns with continuity and sustainability.

Page 109**183) Part B, Section II. CIVIL SOCIETY PARTICIPATION**

7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?

Prevention for youth	51-75%
Prevention for most-at-risk-populations	
- Injecting drug users	51-75%
- Men who have sex with men	>75%
- Sexworkers	51-75%
Testing and Counselling	25-50%
Reduction of Stigma and Discrimination	25-50%
Clinical services (ART/OI)*	25-50%
Home-based care	25-50%
Programmes for OVC**	25-50%

Page 110

184)

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

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

6 (6)

Page 111

185)

Part B, Section III: PREVENTION

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

Yes (0)

Page 112

186)

Part B, Section III: PREVENTION**Question 1 (continued)**

IF YES, how were these specific needs determined?

situation analysis

187)

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	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	Don't agree
Other: please specify	

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188)

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)

189)

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

Reaching more representatives of risk groups by delivering services under the Program.

Page 114

190)

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

191)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

Question 1 (continued)

IF YES, how were these specific needs determined?

Research, consultations, expert groups, expert committees, involvement of representatives of PLHIV

192)

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)	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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193)

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)

194)

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

The most significant achievement is still free treatment which is not subject to health insurance.
Availability of well trained human resource specialists in care of HIV positive persons

Page 117

195)

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)