

## Afghanistan Report NCPI

### NCPI Header

#### COUNTRY

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

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**Describe the process used for NCPI data gathering and validation:**

As per decision agreed in GARPR core group meeting held in March 04, 2012, a team of three members was assigned to collect data required for NCPI. On following day the assigned team was being oriented to NCPI tool and action plan by core group team leader. The team also managed to develop an action plan to roll out NCPI due to time of submission final report. Totally, seven respondents were selected to be interviewed for Part A while 15 potential respondents were selected to be interviewed for the Part B. Questionnaire were distributed to all of them through march 7 – 14, 2012. There was a small refusal rate and from seven participants for Part A six of them responded. It is worth mentioning that one interview found incomplete for part A and did not provide any explanation to any questions that required example or explanation. Regarding Part B, thirteen questionnaires distributed and we received twelve of them. The team observed those questions that required explanation or examples but we did not find explanation or examples from some of respondents. After collection data the members from all relevant organization invited for data validation in March 25, 2012. A small portion of Part A was reviewed by validation workshop participant and at the end of workshop all participants agreed that there is need to have an ad-hoc meeting in the following day. Through a whole day workshop we completed the validation for part B at morning session and in Afternoon we succeed to accomplish to validate data for part A too.

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

There was diversity in opinion in some of questions in both part of NCPI. Through validation workshop we invited almost all participants from relevant organizations and shared the finding from NCPI data that already collected. Indeed the discrepancy discussed with them and finally we select that option that is satisfactory for all participants.

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

Some of participants did not provide any explanation/example to some of questions. The time period for data collection was too limited and most of question was not clear for the participants.

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

Organization	Names/Positions	A.I	A.II	A.III	A.IV	A.V	A.VI
NACP/GF	Dr. Mohammad Hashim Rahimi, SPHP project manager	Yes	Yes	Yes	Yes	Yes	Yes
NACP	Dr. Mohammad Younus Bargami, Acting manager of NACP and vulnerability advisor	Yes	Yes	Yes	Yes	Yes	Yes
MoPH	Dr. Mohammad Tawfiq Mashal, DG of preventive medicine	Yes	Yes	Yes	Yes	Yes	Yes
MoPH	Drug Demand Reduction Advisor	Yes	No	No	Yes	Yes	Yes
NACP	Dr. Hussain Ali Yousufi, M&E and surveillance consultant	No	No	No	No	Yes	Yes
Kabul ART center	Dr. Mohammad Khan	No	No	No	Yes	Yes	No

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

Organization	Names/Positions	B.I	B.II	B.III	B.IV	B.V
GIZ	Dr. Eamal Saifr, SPHP Project manager	Yes	Yes	Yes	Yes	Yes

WHO	Dr. latifa Nuhzatyar, HIV focal point	Yes	Yes	Yes	Yes	Yes
SDO	Dr. Ziurahman, Project manager	Yes	Yes	No	Yes	Yes
Afghanistan Independent Human Right commission	Dr. Sima Samar, GD of commission	Yes	Yes	No	No	No
USAID	Dr. Omarzaman Sayeedi, deputy chief of party	Yes	Yes	Yes	Yes	Yes
YHDO	Dr. Ahmad Zia Noor, contry director	Yes	No	No	Yes	No
Afghan IDU Network	Representative from IDUs	Yes	Yes	Yes	Yes	Yes
MDM	Dr. Ernst, Medical coordinator	No	Yes	Yes	Yes	Yes
OTCD	Dr. Nasimullah Bawar, country director	Yes	Yes	Yes	Yes	Yes
AFGA	Dr. Friba Hosham,	Yes	No	No	Yes	Yes
UNODC	Dr. Mohammad Tariq Sonan, HIV coordinator	Yes	Yes	Yes	Yes	Yes

## A - 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

**IF YES, what was the period covered:**

2011-2015

**IF YES, briefly describe key developments/modifications between the current national strategy and the prior one.**

**IF NO or NOT APPLICABLE, briefly explain why.:**

The new strategy is more target groups oriented and prioritizes them based on feild evidences. Last five years experiences has critical role on its priority setting.

1.1 Which government ministries or agencies

**Name of government ministries or agencies [write in]:**

Ministry of Public Health

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

SECTORS

**Included in Strategy**    **Earmarked Budget**

Yes	Yes
Yes	Yes
Yes	No
Yes	Yes
Yes	No
Yes	Yes
Yes	No

**Other [write in]:**

-

**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?:**

Though these sectors are included in strategy but there is no committed fund for the labor, transportation and young people sectors. Since there is no fund so it is not expected them to do any activities related to the specific sectors.

1.3. Does the multisectoral strategy address the following key populations, settings and cross-cutting issues?

**Men who have sex with men:**

Yes

**Migrants/mobile populations:**

Yes

**Orphans and other vulnerable children:**

Yes

**People with disabilities:**

No

**People who inject drugs:**

Yes

**Sex workers:**

Yes

**Transgendered people:**

Yes

**Women and girls:**

Yes

**Young women/young men:**

No

**Other specific vulnerable subpopulations:**

Yes

**Prisons:**

Yes

**Schools:**

Yes

**Workplace:**

No

**Addressing stigma and discrimination:**

Yes

**Gender empowerment and/or gender equality:**

Yes

**HIV and poverty:**

No

**Human rights protection:**

Yes

**Involvement of people living with HIV:**

Yes

**IF NO, explain how key populations were identified?:**

through assessment, mapping and studies key affected population was identified.

**1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country [write in]?:**

Most at Risk • IDUs • MSM • FSW • Prisoners Vulnerable population • Women • Youth • Uniform personnel • Street children

**1.5. Does the multisectoral strategy include an operational plan?:** No

1.6. 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?:**

No

**d) An indication of funding sources to support programme implementation?:**

No

**e) A monitoring and evaluation framework?:**

Yes

1.7

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

Moderate involvement

**IF NO or MODERATE INVOLVEMENT, briefly explain why this was the case:**

NACP invited Civil Societies, most of them were involved in the development process but some of them were not.

**1.8. Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?:**

Yes

1.9

**1.9. Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?:**

Yes, all partners

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

2.1. IF YES, is support for HIV integrated in the following specific development plans?

**Common Country Assessment/UN Development Assistance Framework:**

Yes

**National Development Plan:**

Yes

**Poverty Reduction Strategy:**

N/A

**Sector-wide approach:**

Yes

**Other [write in]:**

-

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

**HIV impact alleviation:**

Yes

**Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support:**

Yes

**Reduction of income inequalities as they relate to HIV prevention/treatment, care and/or support:**

No

**Reduction of stigma and discrimination:**

Yes

**Treatment, care, and support (including social security or other schemes):**

Yes

**Women's economic empowerment (e.g. access to credit, access to land, training):**

No

**Other[write in below]:**

-

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

No

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

5. Has the country followed up on commitments made in the 2011 Political Declaration on HIV/AIDS?:

Yes

5.1. Have the national strategy and national HIV budget been revised accordingly?:

No

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

Estimates of Current Needs Only

5.3. Is HIV programme coverage being monitored?:

Yes

5.3

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

Yes

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

Yes

**IF YES, for which population groups?:**

• Key affected population • Vulnerable group

**Briefly explain how this information is used:**

IBBS reports is the basic information for designing response and formulation of new strategic plan

**(c) Is coverage monitored by geographical area:**

Yes

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

Provincial

**Briefly explain how this information is used:**

• Design of intervention • Policy and planning formulation

5.4. Has the country developed a plan to strengthen health systems?:

Yes

Please include information as to how this has impacted HIV-related infrastructure, human resources and

**capacities, and logistical systems to deliver medications:**

- Health System Strengthening • BPHS and EPHS revision • Strengthening Mechanism

**6. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate strategy planning efforts in the HIV programmes in 2011?:**

7

**Since 2009, what have been key achievements in this area:**

- IBBS • NSF II • HIV policy • HIV case reporting

**What challenges remain in this area:**

- Access to hidden population • Stigma and discrimination • Insecurity • Insufficient fund • Low awareness

## **A - II. POLITICAL SUPPORT AND LEADERSHIP**

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

**A. Government ministers:**

Yes

**B. Other high officials at sub-national level:**

Yes

1.1

**(For example, promised more resources to rectify identified weaknesses in the HIV response, spoke of HIV as a human rights issue in a major domestic/international forum, and such activities as visiting an HIV clinic, etc.):**

Yes

**Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership:**

- Observation of WAD • President was being informed for challenges of scaling up of OST and he shared with others • Parliament health committee had discussion on Methadone

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

Yes

2.1. IF YES, does the national multisectoral HIV coordination body

**Have terms of reference?:**

Yes

**Have active government leadership and participation?:**

Yes

**Have an official chair person?:**

Yes

**IF YES, what is his/her name and position title?:**

Technical Deputy Minister

**Have a defined membership?:**

Yes

**IF YES, how many members?:**

122

**Include civil society representatives?:**

Yes

**IF YES, how many?:**

29

**Include people living with HIV?:**

Yes

**IF YES, how many?:**

1

**Include the private sector?:**

Yes

**Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?:**

Yes

**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

**IF YES, briefly describe the main achievements:**

HACCA is working with relevant entities to involve private sectors, civil society and governmental to HIV response

**What challenges remain in this area:**

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

85%

5.

**Capacity-building:**

Yes

**Coordination with other implementing partners:**

Yes

**Information on priority needs:**

Yes

**Procurement and distribution of medications or other supplies:**

Yes

**Technical guidance:**

Yes

**Other [write in below]:**

-

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

No

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

-

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the political support for the HIV programme in 2011?:

8

Since 2009, what have been key achievements in this area:

• MoPH leadership is more involve at NACP related activities and they advocate for NACP program. • Inter ministrial strategy was developed

**What challenges remain in this area:**

Working with leadership of line ministries is still reamins as a challenge.

## A - III. HUMAN RIGHTS

1.1

**People living with HIV:**

Yes

**Men who have sex with men:**

Yes

**Migrants/mobile populations:**

Yes

**Orphans and other vulnerable children:**

Yes

**People with disabilities:**

No

**People who inject drugs:**

Yes

**Prison inmates:**

Yes

**Sex workers:**

Yes

**Transgendered people:**

No

**Women and girls:**

Yes

**Young women/young men:**

Yes

**Other specific vulnerable subpopulations [write in]:**

-

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:

Yes

**IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws:**

Afhanistan constitution

**Briefly explain what mechanisms are in place to ensure these laws are implemented:**

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

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:

No

IF YES, for which subpopulations?

**People living with HIV:**

-

**Men who have sex with men:**

-

**Migrants/mobile populations:**

-

**Orphans and other vulnerable children:**

-

**People with disabilities:**

-

**People who inject drugs :**

-

**Prison inmates:**

-

**Sex workers:**

-

**Transgendered people:**

-

**Women and girls:**

-

**Young women/young men:**

-

**Other specific vulnerable subpopulations [write in below]:**

-

Briefly describe the content of these laws, regulations or policies:

-

Briefly comment on how they pose barriers:

-

## A - IV. PREVENTION

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

Yes

IF YES, what key messages are explicitly promoted?

**Abstain from injecting drugs:**

Yes

**Avoid commercial sex:**

Yes

**Avoid inter-generational sex:**

Yes

**Be faithful:**

Yes

**Be sexually abstinent:**

Yes

**Delay sexual debut:**

Yes

**Engage in safe(r) sex:**

Yes

**Fight against violence against women:**

Yes

**Greater acceptance and involvement of people living with HIV:**

Yes

**Greater involvement of men in reproductive health programmes:**

Yes

**Know your HIV status:**

Yes

**Males to get circumcised under medical supervision:**

No

**Prevent mother-to-child transmission of HIV:**

Yes

**Promote greater equality between men and women:**

Yes

**Reduce the number of sexual partners:**

Yes

**Use clean needles and syringes:**

Yes

**Use condoms consistently:**

Yes

**Other [write in below]:**

-

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

Yes

**2. Does the country have a policy or strategy to promote life-skills based HIV education for young people?:**

Yes

2.1. Is HIV education part of the curriculum in

**Primary schools?:**

Yes

**Secondary schools?:**

Yes

**Teacher training?:**

Yes

**2.2. Does the strategy include age-appropriate, gender-sensitive sexual and reproductive health elements?:**

No

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

No

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

Yes

**Briefly describe the content of this policy or strategy:**

The policy clearly developed key messages to target audience and find out a proper communication channel to them.

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

IDU	MSM	Sex workers	Customers of Sex Workers	Prison inmates	Other populations
Yes	Yes	Yes	No	Yes	Transport worker
Yes	No	No	No	No	NA
Yes	Yes	Yes	Yes	Yes	Transport worker
Yes	No	No	No	No	-
No	No	No	No	No	child bearing age women
Yes	Yes	Yes	Yes	Yes	-
Yes	Yes	Yes	Yes	Yes	Transport Worker
No	No	No	No	No	-

**3.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate policy efforts in support of HIV prevention in 2011?:**

5

**Since 2009, what have been key achievements in this area:**

• Multi sectorial approach to increase the awareness • Expansion of coverage

**What challenges remain in this area:**

• Stigma and discrimination • Low awareness of the general population • Limited coverage

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

Yes

**IF YES, how were these specific needs determined?:**

• Capacity building • Surveillance and data collection • Advocacy and communication • Expansion of targeted intervention for KAP



4.1. To what extent has HIV prevention been implemented?

**Blood safety:**

Agree

**Condom promotion:**

Agree

**Harm reduction for people who inject drugs:**

Agree

**HIV prevention for out-of-school young people:**

Agree

**HIV prevention in the workplace:**

Disagree

**HIV testing and counseling:**

Agree

**IEC on risk reduction:**

Agree

**IEC on stigma and discrimination reduction:**

Agree

**Prevention of mother-to-child transmission of HIV:**

Disagree

**Prevention for people living with HIV:**

Agree

**Reproductive health services including sexually transmitted infections prevention and treatment:**

Agree

**Risk reduction for intimate partners of key populations:**

Agree

**Risk reduction for men who have sex with men:**

Disagree

**Risk reduction for sex workers:**

Agree

**School-based HIV education for young people:**

Agree

**Universal precautions in health care settings:**

Agree

**Other[write in]:**

-

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in implementation of HIV prevention programmes in 2011?:

8

## A - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?:

Yes

If YES, Briefly identify the elements and what has been prioritized:

NSP OSTART STI Management OI

Briefly identify how HIV treatment, care and support services are being scaled-up?:

-

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

**Antiretroviral therapy:**

Agree

**ART for TB patients:**

Disagree

**Cotrimoxazole prophylaxis in people living with HIV:**

Agree

**Early infant diagnosis:**

Strongly Disagree

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

Disagree

**HIV testing and counselling for people with TB:**

Agree

**HIV treatment services in the workplace or treatment referral systems through the workplace:**

Disagree

**Nutritional care:**

Disagree

**Paediatric AIDS treatment:**

Disagree

**Post-delivery ART provision to women:**

Disagree

**Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):**

Disagree

**Post-exposure prophylaxis for occupational exposures to HIV:**

Disagree

**Psychosocial support for people living with HIV and their families:**

Disagree

**Sexually transmitted infection management:**

Agree

**TB infection control in HIV treatment and care facilities:**

Agree

**TB preventive therapy for people living with HIV:**

Agree

**TB screening for people living with HIV:**

Agree

**Treatment of common HIV-related infections:**

Agree

**Other [write in]:**

-

**2. Does the government have a policy or strategy in place to provide social and economic support to people infected/affected by HIV?:**

No

**Please clarify which social and economic support is provided:**

-

**3. Does the country have a policy or strategy for developing/using generic medications or parallel importing of medications for HIV?:**

Yes

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

Yes

**IF YES, for which commodities?:**

Condom, OST, and ART are the most commodities.

**5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2011?:**

3

**Since 2009, what have been key achievements in this area:**

• Scale up of ART • Trained personnel • Available guideline • Medicine and equipments

**What challenges remain in this area:**

• Limited geographical coverage • Inadequate lab equipments

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

No

**7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?:**

1

**Since 2009, what have been key achievements in this area:**

-

**What challenges remain in this area:**

-

## **A - VI. MONITORING AND EVALUATION**

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

Yes

**Briefly describe any challenges in development or implementation:**

The M and E plan was developed with close coordination of relevant partners. Still low capacity of NACP team, weak coordination among key staff and frequent turn over of staff are key challenges.

**1.1 IF YES, years covered:**

2010

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

Yes, some partners

**Briefly describe what the issues are:**

weak coordination

2. Does the national Monitoring and Evaluation plan include?

**A data collection strategy:**

Yes

**Behavioural surveys:**

Yes

**Evaluation / research studies:**

Yes

**HIV Drug resistance surveillance:**

No

**HIV surveillance:**

Yes

**Routine programme monitoring:**

Yes

**A data analysis strategy:**

Yes

**A data dissemination and use strategy:**

Yes

**A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate):**

Yes

**Guidelines on tools for data collection:**

Yes

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

Yes

**3.1. IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities? :**

15%

**4. Is there a functional national M&E Unit?:**

Yes

**Briefly describe any obstacles:**

low capacity lack of analyzing tool quality of routine data collection

4.1. Where is the national M&E Unit based?

**In the Ministry of Health?:**

Yes

**In the National HIV Commission (or equivalent)?:**

No

**Elsewhere [write in]?:**

-

Permanent Staff [Add as many as needed]

**POSITION [write in position titles in spaces below] Fulltime Part time Since when?**

POSITION [write in position titles in spaces below]	Fulltime	Part time	Since when?
M&E and surveillance consultant	Yes	-	Jan 2012
Surveillance manager	Yes	-	8 months
Surveillance officer	Yes	-	4 Months
Surveillance officer	Yes	-	5 Months

Temporary Staff [Add as many as needed]

**POSITION [write in position titles in spaces below] Fulltime Part time Since when?**

POSITION [write in position titles in spaces below]	Fulltime	Part time	Since when?
-	-	-	-

**4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?:**

Yes

**Briefly describe the data-sharing mechanisms:**

• Monthly and quarterly report from all the target interventions • HMIS reporting system • IBBS • National Monitoring Checklist

**What are the major challenges in this area:**

Lack of professional staff

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

Yes

**6. Is there a central national database with HIV- related data?:**

No

**6.1. IF YES, does it include information about the content, key populations and geographical coverage of HIV services, as well as their implementing organizations?:**

-

6.2. Is there a functional Health Information System?

**At national level:**  
Yes

**At subnational level:**  
-

**IF YES, at what level(s)?:**  
There is a HMIS within MoPH at the country level with collect all the health system provision data

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

No

8. How are M&E data used?

**For programme improvement?:**  
Yes

**In developing / revising the national HIV response?:**  
Yes

**For resource allocation?:**  
Yes

**Other [write in]:**  
Policy and strategy formulation

**Briefly provide specific examples of how M&E data are used, and the main challenges, if any:**

-

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

**At national level?:**  
Yes

**IF YES, what was the number trained:**  
5

**At subnational level?:**  
No

**At service delivery level including civil society?:**  
Yes

**IF YES, how many?:**  
there was no information

**9.1. Were other M&E capacity-building activities conducted` other than training?:**

No

**10. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the HIV-related monitoring and evaluation (M&E) in 2011?:**

5

**Since 2009, what have been key achievements in this area:**

- Development a M&E plan
- Establish a surveillance working group
- Collect behavioural surveillance data
- Collect routing program data

**What challenges remain in this area:**

- No DATABASE for surveillance system

## **B - I. CIVIL SOCIETY INVOLVEMENT**

**1. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?:**

3

**Comments and examples:**

Civil Society represent in all meeting and policy and strategy formulation and all national working groups.

**2. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?:**

3

**Comments and examples:**

1. Civil Society represent in GF project proposal development
2. Planning and Budget preparation and policy

3.

**a. The national HIV strategy?:**

4

**b. The national HIV budget?:**

3

**c. The national HIV reports?:**

3

**Comments and examples:**

All CS participate in policy and budgeting and strategic developments.

4.

**a. Developing the national M&E plan?:**

2

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

:

3

**c. Participate in using data for decision-making?:**

2

**Comments and examples:**

Participation in M&E plan development during the development of NSF I and II

**5. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, and faith-based organizations)?:**

3

**Comments and examples:**

There was good coordination Afghan Drug User Association development. Participation of PLWH in WAD People living with HIV establishment

6. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society able to access

**a. Adequate financial support to implement its HIV activities?:**

3

**b. Adequate technical support to implement its HIV activities?:**

3

**Comments and examples:**

-

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

**People living with HIV:**

51-75%

**Men who have sex with men:**

>75%

**People who inject drugs:**

>75%

**Sex workers:**

>75%

**Transgendered people:**

-

**Testing and Counselling:**

>75%

**Reduction of Stigma and Discrimination:**

>75%

**Clinical services (ART/OI)\*:**

25-50%

**Home-based care:**

<25%

**Programmes for OVC\*\*:**

<25%

**8. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts to increase civil society participation in 2011?:**

7

**Since 2009, what have been key achievements in this area:**

• SC are included in policy and decision making • Service delivery are done SC • Participation in HACCA meeting • Policy and strategy formulation. • International exposure visits

**What challenges remain in this area:**

- Limit availability of HIV testing service
- Limited accessibility
- Coordination need to further improve.
- Lack of capacity building
- Limited budget from CS
- Approval of OST and harm reduction service provision in prisons.

## B - II. POLITICAL SUPPORT AND LEADERSHIP

**1. Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?:**

Yes

**IF YES, describe some examples of when and how this has happened:**

- In World AIDS Day and HACCA meetings
- Policy and strategy developments and its endorsement

## B - III. HUMAN RIGHTS

1.1.

**People living with HIV:**

No

**Men who have sex with men:**

No

**Migrants/mobile populations:**

No

**Orphans and other vulnerable children:**

No

**People with disabilities:**

Yes

**People who inject drugs:**

No

**Prison inmates:**

No

**Sex workers:**

No

**Transgendered people:**

No

**Women and girls:**

Yes

**Young women/young men:**

Yes

**Other specific vulnerable subpopulations [write in]:**

The constitution of the government grantee

**1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:**

Yes

**If YES to Question 1.1 or 1.2, briefly describe the contents of these laws:**

Afghanistan constitution prohibits any kind of discrimination against the Afghan citizens.

**Briefly explain what mechanisms are in place to ensure that these laws are implemented:**

- The Justice
- Law enforcement agencies

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

Poor implementation of law.

**2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:**

Yes

2.1. IF YES, for which sub-populations?

**People living with HIV:**

No

**Men who have sex with men:**

Yes

**Migrants/mobile populations:**

No

**Orphans and other vulnerable children:**

No

**People with disabilities:**

No

**People who inject drugs:**

Yes

**Prison inmates:**

No

**Sex workers:**

Yes

**Transgendered people:**

Yes

**Women and girls:**

No

**Young women/young men:**

No

**Other specific vulnerable subpopulations [write in]:**

-

**Briefly describe the content of these laws, regulations or policies:**

Sharia law Afghan constitution

**Briefly comment on how they pose barriers:**

Sex work and MSM are criminal act.

**3. Does the country have a policy, law or regulation to reduce violence against women, including for example, victims of sexual assault or women living with HIV?:**

Yes

**Briefly describe the content of the policy, law or regulation and the populations included:**

Afghanistan has law, elimination of all kind of violence against women.

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

Yes

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

• All citizen of Afghanistan have equal rights. And the people of Afghanistan should receive prevention treatment and support service with no discrimination. • All HIV related policy and strategy addressing human right issues

**5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations and/or other vulnerable sub-populations?:**

Yes

**IF YES, briefly describe this mechanism:**

Some cases have been recorded by NGOs but there is no proper mechanism to record all the cases of discrimination.

**6. Does the country have a policy or strategy of free services for the following?**

Provided free-of-charge to all people in the country	Provided free-of-charge to some people in the country	Provided, but only at a cost
Yes	No	No
Yes	No	No
Yes	No	No

**If applicable, which populations have been identified as priority, and for which services?:**

Most at risk population are addressed.

**7. Does the country have a policy or strategy to ensure equal access for women and men to HIV prevention, treatment, care and support?:**

Yes

**7.1. In particular, does the country have a policy or strategy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?:**

Yes

**8. Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?:**

Yes

**IF YES, Briefly describe the content of this policy/strategy and the populations included:**

HIV policy and national strategic framework suggest: provision of HIV prevention, services to kye affected population (KAP)

8.1

**8.1. IF YES, does this policy/strategy include different types of approaches to ensure equal access for different key populations and/or other vulnerable sub-populations?:**

Yes

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

Prevention, treatment and rehabilitation

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

No

**10. Does the country have the following human rights monitoring and enforcement mechanisms?**

**a. 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

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

No

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

Afghan Human Right Commission Parliament UN Agencies Human Right Watch

11. In the last 2 years, have there been the following training and/or capacity-building activities

**a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)?:**

Yes

**b. Programmes for members of the judiciary and law enforcement on HIV and human rights issues that may come up in the context of their work?:**

Yes

12. Are the following legal support services available in the country?

**a. Legal aid systems for HIV casework:**

No

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

No

**13. Are there programmes in place to reduce HIV-related stigma and discrimination?:**

Yes

IF YES, what types of programmes?

**Programmes for health care workers:**

Yes

**Programmes for the media:**

Yes

**Programmes in the work place:**

No

**Other [write in]:**

-

**14. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2011?:**

4

**Since 2009, what have been key achievements in this area:**

• Training • TV spots • Involvement of human right commission in • Parliaments health committee involvement in HIV prevention activities

**What challenges remain in this area:**

• Law and constitution is not allowing openly some HIV prevention activities.

**15. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the effort to implement human rights related policies, laws and regulations in 2011?:**

3

**Since 2009, what have been key achievements in this area:**

OST policy Prison health strategy Harm reduction strategy Drug demand reduction policy

**What challenges remain in this area:**

Poor implementation

## B - IV. PREVENTION

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

Yes

**IF YES, how were these specific needs determined?:**

• Through Studies • Assessments • Monitoring visits • Reports

1.1 To what extent has HIV prevention been implemented?

**Blood safety:**

Agree

**Condom promotion:**

Disagree

**Harm reduction for people who inject drugs:**



Disagree

**HIV prevention for out-of-school young people:**

Disagree

**HIV prevention in the workplace:**

Strongly Disagree

**HIV testing and counseling:**

Agree

**IEC on risk reduction:**

Disagree

**IEC on stigma and discrimination reduction:**

Disagree

**Prevention of mother-to-child transmission of HIV:**

Strongly Disagree

**Prevention for people living with HIV:**

Disagree

**Reproductive health services including sexually transmitted infections prevention and treatment:**

Disagree

**Risk reduction for intimate partners of key populations:**

Disagree

**Risk reduction for men who have sex with men:**

Disagree

**Risk reduction for sex workers:**

Strongly Disagree

**School-based HIV education for young people:**

Agree

**Universal precautions in health care settings:**

Agree

**Other [write in]:**

-

**2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV prevention programmes in 2011?:**

5

**Since 2009, what have been key achievements in this area:**

• OST program • Integration of HIV services into BPHS • HIV awareness campaign in school

**What challenges remain in this area:**

• OST implementation • Harm reduction in prison • Scale of treatment • Program for Drug User • Vocational training for DUs • Stigma and discrimination • Low coverage of KAP – funding constrains

## **B - V. TREATMENT, CARE AND SUPPORT**

**1. Has the country identified the essential elements of a comprehensive package of HIV and AIDS treatment, care and support services?:**

Yes

**IF YES, Briefly identify the elements and what has been prioritized:**

• Treatment, care and support • ART • Treatment of STI • OI • OST

**Briefly identify how HIV treatment, care and support services are being scaled-up?:**

• OST program initiated • ART establish and scaled up in Hirat

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

**Antiretroviral therapy:**

Disagree

**ART for TB patients:**

Disagree

**Cotrimoxazole prophylaxis in people living with HIV:**

Agree

**Early infant diagnosis:**

Strongly Disagree

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

Strongly Disagree

**HIV testing and counselling for people with TB:**

Disagree

**HIV treatment services in the workplace or treatment referral systems through the workplace:**

Strongly Disagree

**Nutritional care:**

Strongly Disagree

**Paediatric AIDS treatment:**

Disagree

**Post-delivery ART provision to women:**

Strongly Disagree

**Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):**

Strongly Disagree

**Post-exposure prophylaxis for occupational exposures to HIV:**

Strongly Disagree

**Psychosocial support for people living with HIV and their families:**

Disagree

**Sexually transmitted infection management:**

Agree

**TB infection control in HIV treatment and care facilities:**

Disagree

**TB preventive therapy for people living with HIV:**

Agree

**TB screening for people living with HIV:**

Agree

**Treatment of common HIV-related infections:**

Disagree

**Other [write in]:**

-

**1.2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2011?:**

3

**Since 2009, what have been key achievements in this area:**

• CD4 machine • Coverage of ART increase • Cased detection increase • ART guideline

**What challenges remain in this area:**

• Irregular drug supply • Low coverage ART • Drug resistant • Low capacity building and service delivery • Lack of psychosocial support – drop out

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

No

**3. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?":**

3

**Since 2009, what have been key achievements in this area:**

-

**What challenges remain in this area:**

-

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Source URL: <http://aidsreportingtool.unaids.org/17/afghanistan-report-ncpi>