

## Eritrea 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:**

First filled by the Epidemeology and Monitoring Head of the Natioal HIV/AIDS and TB control Division then discussion and review was done by the Natioal HIV/AIDS and TB control Division unit heads, WHO and UNAIDS then finaly a consensus work shop was conducted with participation of ----- partners.

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

Discusion and reference to the indicators defination and actual report

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

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

Organization	Names/Positions	A.I	A.II	A.III	A.IV	A.V	A.VI
-	-	No	No	No	No	No	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
-	-	No	No	No	No	No

### 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:**

2012 - 2016

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

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

There has not been major changes except that the new strategic plan has been modified to accommodate the "three zero's"- i.e zero new infection, zero discrimination and zero AIDS-related deaths. Moreover it is aligned with the new national strategic development plan of the health sector.

1.1 Which government ministries or agencies

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

Ministry of 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	Yes
Yes	Yes
Yes	Yes
Yes	Yes
Yes	Yes

**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?:**

Basically, it is the Global Fund grants that are used to implement the activities.

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

**Men who have sex with men:**

No

**Migrants/mobile populations:**

Yes

**Orphans and other vulnerable children:**

Yes

**People with disabilities:**

Yes

**People who inject drugs:**

No

**Sex workers:**

Yes

**Transgendered people:**

No

**Women and girls:**

Yes

**Young women/young men:**

Yes

**Other specific vulnerable subpopulations:**

Yes

**Prisons:**

Yes

**Schools:**

Yes

**Workplace:**

Yes

**Addressing stigma and discrimination:**

Yes

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

Yes

**HIV and poverty:**

Yes

**Human rights protection:**

Yes

**Involvement of people living with HIV:**

Yes

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

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

Women, Youth, Students, sex workers, truck drivers, PLWHA, Workers, Orphans etc

**1.5. Does the multisectoral strategy include an operational plan?:** Yes

**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?:**

Yes

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

Yes

**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?:**

Active involvement

**IF ACTIVE INVOLVEMENT, briefly explain how this was organised:**

An international and a national consultants were hired with the support of UNAIDS/TSF. All HIV/AIDS Response partners have been called for a meeting. Several consultations were done. The draft was discussed for consensus and finalized.

**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:**

Yes

**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:**

Yes

**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):**

Yes

**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?:**

Yes

**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 and Future Needs

**5.3. Is HIV programme coverage being monitored?:**

Yes

5.3

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

No

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

Yes

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

Sex workers, Truck drivers, women, youth out of school, students

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

It is used for planing and monitoring BCC intervention

**(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:**

It is used for planing and monitoring BCC intervention

**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:**

Building of new health facilities have been made to provide space for counseling and testing and treatment of cases of AIDS with ART.

**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:**

Coverages for PMTCT and ART have been increased.

**What challenges remain in this area:**

Improvement in Monitoring and evaluation (data capture and data analysis), Reduction of stigma and discrimination, mainstreaming of HIV in all sectors.

## 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:**

The minister of health, in the world AIDS day 2011, has made a speech in the event where higher officials from the government and other sectors attended. The minister also visited ART sites and encouraged health workers on the site. The minister is always supportive to the program.

**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?:**

Minister Amina Nurhuissen, Minister of Health

**Have a defined membership?:**

Yes

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

11

**Include civil society representatives?:**

No

**Include people living with HIV?:**

No

**Include the private sector?:**

No

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

No

**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:**

HIV prevention activities and care has been promoted at workplace

**What challenges remain in this area:**

Human capacity/skills are limited.

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

-

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?:**

-

**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?:**

7

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

The Minister of Health has visited several health facilities to see the general situation of health services and gave guidance for improvement. She gave emphasis on PMTCT services to be provided in all ANC sites.

**What challenges remain in this area:**

No major challenges except skills in the areas of M&E.

## A - III. HUMAN RIGHTS

1.1

**People living with HIV:**

Yes

**Men who have sex with men:**

No

**Migrants/mobile populations:**

Yes

**Orphans and other vulnerable children:**

Yes

**People with disabilities:**

Yes

**People who inject drugs:**

No

**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:**

All people are equal and have the right to get social services without discrimination.

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

People have the right to appeal for every wrong doings on them to the office of civil services if they are workers and to the ministry of justice. There are also associations who can oversee the rights of their members.

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

The government has created conducive environment and it is to our belief that things are implemented correctly everywhere.

**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:**

No

**Avoid commercial sex:**

Yes

**Avoid inter-generational sex:**

No

**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:**

Yes

**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?:**

No

**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?:**

Yes

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

Yes

**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 indicates that targeted populations have to be provided with information that can bring behavior change.

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
No	No	Yes	Yes	Yes	truck drivers
No	No	No	No	No	-
No	No	Yes	Yes	Yes	pregnant women
No	No	No	No	No	-
No	No	Yes	Yes	Yes	pregnant women
No	No	Yes	Yes	Yes	general population
No	No	Yes	No	Yes	truck drivers
No	No	Yes	No	No	PLWHA

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?:

7

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

The uptake of PMTCT services and VCT services have been high and adherence to ART has been maintained. Behavior change has not been measured.

What challenges remain in this area:

With the reduction of HIV prevalence rate and improvement of quality of life of people in the advent of ART, although there is no evidence, complacency may appear.

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

Yes

IF YES, how were these specific needs determined?:

Needs have been based on evidences captured from different survey results and data collected from health facilities. International data and guidelines have also a major role to guide country response.

4.1. To what extent has HIV prevention been implemented?

**Blood safety:**

Strongly Agree

**Condom promotion:**

Strongly Agree

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

-

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

Agree

**HIV prevention in the workplace:**

Agree

**HIV testing and counseling:**

Strongly Agree

**IEC on risk reduction:**

Agree

**IEC on stigma and discrimination reduction:**

Strongly Agree

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

Strongly Agree

**Prevention for people living with HIV:**

Strongly Agree

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

Strongly Agree

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

Agree

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

-

**Risk reduction for sex workers:**

Strongly Agree

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

Strongly Agree

**Universal precautions in health care settings:**

Strongly 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



## 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:**

ARV therapy, Treatment of opportunistic infections, Early diagnosis and treatment of STIs, Co - trimaxole prophylaxis, Anti TB treatment, Home Based Care and ARV Provision for infants born from HIV positive women.

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

The key issues in this area are skilled human resources, uninterrupted medicines and other supplies, improved health systems including space. The country has been aware of these issues and has been working hard to make them available. With so doing services have been scaled up to reach the needy.

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

**Antiretroviral therapy:**

Strongly Agree

**ART for TB patients:**

Strongly Agree

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

Strongly Agree

**Early infant diagnosis:**

-

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

Agree

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

Agree

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

-

**Nutritional care:**

Agree

**Paediatric AIDS treatment:**

Strongly Agree

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

Strongly Agree

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

Agree

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

Agree

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

Strongly Agree

**Sexually transmitted infection management:**

Strongly 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]:**

On Early infant diagnosis, the country has developed a guideline, installed the PCR machine and is ready to kick start the services after training is conducted.

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

Yes

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

All HIV/AIDS related services are provided free of charge in all government health facilities. Financial support is provided to orphans and/or orphan guardians. Income generating schemes are provided to womenheaded households, PLHAs. Nutrition support is provided to children born from HIV positive mothers. Home-based care is encouraged through religious organizations.

**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?:**

No

**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?:**

8

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

Expansion of ART services

**What challenges remain in this area:**

M&E for follow-up - userfriendly and comprehensive data base is required to follow clients on ART.

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

Yes

**IF YES, is there an operational definition for orphans and vulnerable children in the country?:**

Yes

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

Yes

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

Yes

**IF YES, what percentage of orphans and vulnerable children is being reached? :**

-

**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?:**

6

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

The orphan support data system has improved a lot.

**What challenges remain in this area:**

Data collection and data processing for report.

## **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:**

Baseline data have not been available in most of the indicators and costing were not easy.

**1.1 IF YES, years covered:**

2012 - 2016

**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:**

Some partners have not yet done their M&E and thus it has been difficult to ensure the completeness of the M&E plan.

**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? :**

10%

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

Yes

**Briefly describe any obstacles:**

Limited human resources and skills.

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

**In the Ministry of Health?:**

Yes

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

-

**Elsewhere [write in]?:**

At regional and partners level there is M & E focal person.

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?
unit head	1	-	2003
M & E staff	1	-	2010

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:**

There are regular review meetings one to two times yearly.

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

Delay of reporting and non reporting

**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?:**

Yes

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

HMIS and National HIV/AIDS and TB Control Division

**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?:**

Yes, but only some of the above

**IF YES, but only some of the above, which aspects does it include?:**

VCT, PMTCT, ART, HBC, TB, STI, and HIV related surveys

6.2. Is there a functional Health Information System?

**At national level:**

Yes

**At subnational level:**

Yes

**IF YES, at what level(s)?:**

At National and Regional level

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

Yes

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]:**

For monitoring coverage and the trend of the HIV epidemic

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

Data are analysed and reported for use by programmes.

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

**At national level?:**

Yes

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

30

**At subnational level?:**

Yes

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

150

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

No

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

Yes

**IF YES, describe what types of activities:**

Institutional strengthening with the provision of computers.

**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?:**

6

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

Routine data collection is being improved, HIV related surveys are being implemented regularly

**What challenges remain in this area:**

Technical capacity for conducting operational research

## **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?:**

5

**Comments and examples:**

They have their own organizations and ensure that their interest is accommodated in the policies.

**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)?:**

5

**Comments and examples:**

The civil societies work closely with the government. They are partners in HIV and participate in the drafting of policies and strategic plans related to HIV.

3.

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

5

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

5

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

4

**Comments and examples:**

Reports are sometimes incomplete and delayed.

4.

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

5

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

:

5

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

5

**Comments and examples:**

They fully participate.

**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)?:**

4

**Comments and examples:**

PLHAs and Faithbased organizations are members in the CCM for the Global Fund grants. But those societies mentioned above are beneficiaries of the grants.

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:**

Skills and resources are limited but are beneficiaries of the Global Fund Grants. Previously they were also beneficiaries of the World Bank loan and grants.

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

**People living with HIV:**

<25%

**Men who have sex with men:**

-

**People who inject drugs:**

-

**Sex workers:**

<25%

**Transgendered people:**

-

**Testing and Counselling:**

<25%

**Reduction of Stigma and Discrimination:**

25-50%

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

-

**Home-based care:**

25-50%

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

25-50%

**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:**

Training, coordinating, reporting improvement and funding through the global fund increased.

**What challenges remain in this area:**

limited resources.

## **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:**

PLHAs association is represented in the CCM and has been part in the development of proposals to the Global Fund and is subrecipient in the approved grant.

## **B - III. HUMAN RIGHTS**

1.1.

**People living with HIV:**

Yes

**Men who have sex with men:**

No

**Migrants/mobile populations:**

Yes

**Orphans and other vulnerable children:**

Yes

**People with disabilities:**

Yes

**People who inject drugs:**

No

**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 contents of these laws:**

Every person is equal and has the rights to exercise his/her rights in all aspects that the country provides.

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

All have right to appeal for any wrong doing on them like any other person.

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

Fully 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

2.1. IF YES, for which sub-populations?

**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]:**

-

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

-

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

-

**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:**

This is included in the general laws of the government. Moreover, there are associations who oversee the interest of their members.

**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:**

Issues of confidentiality, their rights to get social services and information on HIV and AIDS.

**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?:**

No

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	-	-
Yes	-	-
Yes	-	-

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

For HIV prevention services : CSW, truck drivers, women , Youth out of school, students and PLWHA

**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:**

Issues related to this are captured in details in the policies and strategies of HIV.

8.1
<b>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?:</b> Yes <b>IF YES, briefly explain the different types of approaches to ensure equal access for different populations:</b> BCC strategy through peer education programme and life skill based training

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

Yes

**IF YES, briefly describe the content of the policy or law:**

All tests are to be voluntary and accompanied with pre and post test counselling.

10. Does the country have the following human rights monitoring and enforcement mechanisms?
<b>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:</b> No <b>b. Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts:</b> No <b>IF YES on any of the above questions, describe some examples:</b> -

11. In the last 2 years, have there been the following training and/or capacity-building activities
<b>a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)?:</b> Yes <b>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?:</b> No

12. Are the following legal support services available in the country?
<b>a. Legal aid systems for HIV casework:</b> - <b>b. Private sector law firms or university-based centres to provide free or reduced-cost legal services to people</b>

living with HIV:

-

**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:**

Yes

**Other [write in]:**

- Life skill training for students and BCC programmes for targeted population groups: CSW, women, students and out of school youth, truck drivers, workers, prisoners etc. - Advocacy. Training for the general population, students, women, employs, employers, government workers (including legal personnel) and PLWHA. Extensive counseling for PLWHA and their families on stigma and discrimination. Programmes for health care workers: Yes, general HIV/AIDS training and counselors training with annual refreshment training on counseling. Programmes for the media: Yes, Through various training. Programmes in the work place: Yes, through the workers confederation

**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?:**

7

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

Training on Legal issue related to HIV/AIDS by legal advisor of the ministry of health.

**What challenges remain in this area:**

- No legal aid systems for HIV casework - NO private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV.

**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?:**

5

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

- Provision of Training on Legal issue related to HIV/AIDS by legal advisor of the ministry of health to health workers and PLWHA and advocacy.

**What challenges remain in this area:**

- in ability for a practical move in respecting legal issues related to stigma and discrimination. - Limited resources. And legal capacity and coordination.

## 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 international and national experience, National priority, evidence based decision and consensus

1.1 To what extent has HIV prevention been implemented?

**Blood safety:**

Strongly Agree

**Condom promotion:**

Strongly Agree

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

-

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

Agree

**HIV prevention in the workplace:**

Agree

**HIV testing and counseling:**

Strongly Agree

**IEC on risk reduction:**

Strongly Agree

**IEC on stigma and discrimination reduction:**

Strongly Agree

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

Strongly Agree

**Prevention for people living with HIV:**

Strongly Agree



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

Strongly Agree

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

Agree

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

-

**Risk reduction for sex workers:**

Strongly Agree

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

Strongly Agree

**Universal precautions in health care settings:**

Strongly Agree

**Other [write in]:**

BCC intervention

**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?:**

8

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

BCC intervention through peer education programme is extended by geographic area and target groups.

**What challenges remain in this area:**

Dr. Andat

## **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:**

ARV therapy, Co - trimazole prophylaxis, Anti TB treatment, Home Based Care and ARV Provision for infants born from HIV positive women.

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

Dr. Andat Extending VCT and PMTCT services for early diagnosis and care and support

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

**Antiretroviral therapy:**

Strongly Agree

**ART for TB patients:**

Strongly Agree

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

Strongly Agree

**Early infant diagnosis:**

-

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

-

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

Strongly Agree

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

-

**Nutritional care:**

Agree

**Paediatric AIDS treatment:**

Agree

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

Agree

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

Agree

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

Agree

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

Strongly Agree

**Sexually transmitted infection management:**

Strongly 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:**

Strongly Agree

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

Strongly Agree

**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?:**

8

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

Dr. Andat

**What challenges remain in this area:**

Dr. Andat

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

Yes

**2.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?:**

Yes

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

Yes

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

Yes

**2.4. IF YES, what percentage of orphans and vulnerable children is being reached? :**

-

**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?:**

6

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

DR. Andat

**What challenges remain in this area:**

DR. Andat

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