

Mauritius 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:

See the "inclusiveness of the stakeholders in the report writing process" in the Narrative report

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

-

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

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

Organization	Names/Positions	A.I	A.II	A.III	A.IV	A.V	A.VI
NAS, National AIDS Coordinator	Dr Mrs Pathack, National AIDS Coordinator Dr Mrs A.Pathack	Yes	Yes	Yes	Yes	Yes	Yes
NAS	Miss Saddul, communication officer Miss A. Saddul	Yes	Yes	Yes	Yes	Yes	Yes
NAS	Mr Radhakeesoon. M&E manager	Yes	Yes	Yes	Yes	Yes	Yes
NAS	Mrs Deol Monica, M&E assistant	Yes	Yes	Yes	Yes	Yes	Yes
NAS	Dr A.Saumtally, Grant manager	Yes	Yes	Yes	Yes	Yes	Yes
NAS	Mrs S.Soobhany, Programme Officer	Yes	Yes	Yes	Yes	Yes	Yes
MOH & QL	DR Mrs Timol, Director of Health Services	Yes	Yes	Yes	Yes	Yes	Yes
AIDS Unit, MOH & QL	Dr R.Ponnoosamy, Officer in charge	Yes	Yes	Yes	Yes	Yes	Yes
Central Health Laboratory, MOH & QL	Dr Rughooputh	Yes	Yes	Yes	Yes	Yes	Yes
AIDS Unit, MOH & QL	Mrs B.Woottum	Yes	Yes	Yes	Yes	Yes	Yes
Health Statistic Unit, MOH & QL	Mrs Shenaz Chuttoo	Yes	Yes	Yes	Yes	Yes	Yes
Central Health Statistic	Mrs Rughoobar	Yes	Yes	Yes	Yes	Yes	Yes
Chief Hospital Officer, Prison Department	Mr S.Motah	Yes	Yes	Yes	Yes	Yes	Yes
State Law Office	Mr Namdarkhan	Yes	Yes	Yes	Yes	Yes	Yes
Chief Occupational Health and safety Officer, Ministry of Labour	Mr Balgobin	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Gender Equality	Permanent Secretary	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Social Security	Dr Basant Rai, Director	Yes	Yes	Yes	Yes	Yes	Yes

Ministry of Education and Research	Mr Naeck	Yes	Yes	Yes	Yes	Yes	Yes
National Empowerment Fund	Miss Jootun, Ag Ssst. Manager	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Youth and Sport	Mr A.Ramloll	Yes	Yes	Yes	Yes	Yes	Yes
Harm reduction Unit, MOH &QL	Dr S.Appadoo, Officer in charge	Yes	Yes	Yes	Yes	Yes	Yes
Harm Reduction, Unit, MOH &QL	MR S.Corceal, liason Officer , NEP	Yes	Yes	Yes	Yes	Yes	Yes

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
PILS	Nicolas Ritter	Yes	Yes	Yes	Yes	Yes
Chrysalide	Maelene Ladine	Yes	Yes	Yes	Yes	Yes
Mauritius employers Federation	Laval Wong	Yes	Yes	Yes	Yes	Yes
Rogers group	Audrey D'Hotman	Yes	Yes	Yes	Yes	Yes
NATReSA	Mrs Judhunundun	Yes	Yes	Yes	Yes	Yes
Media Watch	MRS Loga virasamy	Yes	Yes	Yes	Yes	Yes
Council of Religion	Ms Nancy	Yes	Yes	Yes	Yes	Yes
Action Familiale	Jacqueline Leblanc	Yes	Yes	Yes	Yes	Yes
CUT	Nathalie Rose	Yes	Yes	Yes	Yes	Yes
Help de- addiction	MRS Rajkumarsing	Yes	Yes	Yes	Yes	Yes
Nu Nouvo Baz	Solange Potou	Yes	Yes	Yes	Yes	Yes
Vivre +	Marie-Ange Frivet	Yes	Yes	Yes	Yes	Yes
Vivre +	Den Ramsamy	Yes	Yes	Yes	Yes	Yes
Kinouete	Ismael Mahamadally	Yes	Yes	Yes	Yes	Yes
Arc- en-ciel	Corinne Boodhoo	Yes	Yes	Yes	Yes	Yes
Lacaz A	Ragini Rungen	Yes	Yes	Yes	Yes	Yes
Centre Goomany	Imran Dhanoo	Yes	Yes	Yes	Yes	Yes
MFPWA	Vidya Charan, Director	Yes	Yes	Yes	Yes	Yes
Tende nu la voix	Noormamade	Yes	Yes	Yes	Yes	Yes
Grup Elan	Lindsay AZA	Yes	Yes	Yes	Yes	Yes
AILES	Brigitte	Yes	Yes	Yes	Yes	Yes
SAFIRE	Ismahan	Yes	Yes	Yes	Yes	Yes
UNDP	Dr F.Oodally	Yes	Yes	Yes	Yes	Yes
WHO	Mr A. Nundoochand	Yes	Yes	Yes	Yes	Yes
UNFPA	Mr J.Sunkur	Yes	Yes	Yes	Yes	Yes
IOC	Dr Ng Man Sun	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:

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.:

- use of evaluations results from MTR and JAR to develop strategies in the new NSP - Gender responsive strategy - Advocacy for the introduction of NEP and Condoms in Prisons

1.1 Which government ministries or agencies

Name of government ministries or agencies [write in]:

National AIDS Secretariat, Prime Minister's Office

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

Other [write in]:

Ministry of Social Security, Ministry of Social Integration, Prison department, Rodrigues Regional Assembly

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?:

- Global fund R8 - Indian Ocean Commission -UNAIDS - WHO - UNODC

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:

Yes

People who inject drugs:

Yes

Sex workers:

Yes

Transgendered people:

Yes

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]?:

CSW, PWID, MSM, Seafarers, Migrant workers, Street children, Women and young girls, Young people

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:

A steering committee was constituted to guide the process. Thematic TWGs were formed. they met regularly during the process to work out at different stages of the NSP. The involvement of all partners is dynamic as they are involved in all activity pertaining to policy, strategies development and also implementation activities. - look for consensus on all major issues regarding HIV and AIDS.

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, some partners

IF SOME PARTNERS or NO, briefly explain for which areas there is no alignment/harmonization and why:

- Resource mobilisation - implementation of activities

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:

-

Poverty Reduction Strategy:

Yes

Sector-wide approach:

-

Other [write in]:

Empowerment programme

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)?:

Yes

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

Yes

IF YES, for which population groups?:

youth women and girls pregnant women CSW MSM PWID Prison inmates Seafarers

Briefly explain how this information is used:

- For M&E Reporting (Regional/National /International) - Evidence-based data for problem solving approach and decision making. - to facilitate analysis at all level and development of strategies.

(c) Is coverage monitored by geographical area:

Yes

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

Mauritius is a small island with only 10 districts including Rodrigues island. monitoring coverage is not difficult as each health region host a unit comprising of officers responsible for the implementation of activities.

Briefly explain how this information is used:

- to report Nationally, Regionally, Internationally. - to review implementation accordingly - to develop new strategies

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:

- decentralisation of services - scaling-up of services - trained personels - use of software to input data -

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?:

9

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

- Mid-term Review - Joint annual Review - TWGs - Resource Mobilisation

What challenges remain in this area:

- Mainstreaming HIV and AIDS with respective budget. - Gender responsiveness - Quality assurance of services - increased accessibility of services for KAPs

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:

- World AIDS Day - Official Opening of workshops/ seminar/training - Budget speech - President Speech

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?:

Dr Mrs A.Pathack, National AIDS Coordinator

Have a defined membership?:

Yes

IF YES, how many members?:

66

Include civil society representatives?:

Yes

IF YES, how many?:

26

Include people living with HIV?:

Yes

IF YES, how many?:

8

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:

- Partnership for funding HIV prevention activities, Services.... - Advocacy - National Implementation

What challenges remain in this area:

- GIPA - finance and technical support

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

30%

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]:

-Financial support. -Sharing of evidence based information

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

Yes

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

No

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:

- Recognition of the National AIDS Secretariat - Assuming its role of Coordination and resource mobilisation and distribution

What challenges remain in this area:

-Regular meeting of the NAC - To get Parliamentarians on board for advocacy activities.

A - III. HUMAN RIGHTS

1.1

People living with HIV:

Yes

Men who have sex with men:

No

Migrants/mobile populations:

No

Orphans and other vulnerable children:

Yes

People with disabilities:

Yes

People who inject drugs:

No

Prison inmates:

Yes

Sex workers:

No

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:

Equal Opportunity Act adopted in Dec 2008 prohibits any form of discrimination, directly or indirectly. It is meant to ensure that every Mauritian gets equal opportunities to achieve his goals in every field. He is thus protected from being wronged because of age, ethnic origin, colour, race, physical state, caste, marital status, political opinions, belongings or sexual orientations.

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

- An independent legal system - Strong civil society - Human Rights Organisation - Democratic Government

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

- 100%

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

IF YES, for which subpopulations?

People living with HIV:

No

Men who have sex with men:

Yes

Migrants/mobile populations:

Yes

Orphans and other vulnerable children:

No

People with disabilities:

No

People who inject drugs :

Yes

Prison inmates:

Yes

Sex workers:

Yes

Transgendered people:

Yes

Women and girls:

No

Young women/young men:

No

Other specific vulnerable subpopulations [write in below]:

-

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

- A morality certificate to get a job for those who have been to prison. - the Dangerous Drug Act which is a constant issue between Needle Exchange Programme and the Anti-Drug Smuggling Unit. - the fact that soliciting and in possession of condoms can constitute an offence

Briefly comment on how they pose barriers:

- to access certain services like employment - to access certain health services

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:

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:

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?:

No

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:

in the NSP, there are specific objectives targetting our KAPs and other vulnerable population.

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	Yes	Yes	youth, women, seafarers
Yes	Yes	Yes	No	Yes	seafarers
Yes	Yes	Yes	Yes	Yes	population in general
Yes	Yes	Yes	No	No	-
Yes	Yes	Yes	Yes	Yes	women, youth
Yes	Yes	Yes	Yes	Yes	population in general
Yes	Yes	Yes	Yes	Yes	population in general
Yes	Yes	Yes	Yes	Yes	population in general

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?:

8

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

- National HIV policy -Harm Reduction Strategy - Evaluation exercises

What challenges remain in this area:

- Partnership forum - full and meaningful participation of the Ministry of Education and Research

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

Yes

IF YES, how were these specific needs determined?:

- Through wide consultation with all the partners - focus group discussion with targetted groups - specific surveys (IBBS, KABP) -Programmatic data and feedback - Evaluation Exercises

4.1. To what extent has HIV prevention been implemented?

Blood safety:

Strongly Agree

Condom promotion:

Agree

Harm reduction for people who inject drugs:

Strongly Agree

HIV prevention for out-of-school young people:

Agree

HIV prevention in the workplace:

Agree

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:

Strongly Agree

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:
Agree
Risk reduction for sex workers:
Agree
School-based HIV education for young people:
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 implementation of HIV prevention programmes in 2011?:

9

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:

-Free ARV therapy - PMTCT Available across the island - Management of Opportunistic Infection - Post exposure Prophylaxis (Rape, Accidental Exposure) - Treatment Literacy - Psychosocial Support

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

- Decentralisation. - Additional Human Resource in the service on a contract basis (Psychologist) - On-going capacity building - Improving Laboratory services

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:

Agree

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

Agree

HIV testing and counselling for people with TB:

Strongly Agree

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

Agree

Nutritional care:

Agree

Paediatric AIDS treatment:

Agree

Post-delivery ART provision to women:

Strongly Agree

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

Strongly Agree

Post-exposure prophylaxis for occupational exposures to HIV:

Strongly Agree

Psychosocial support for people living with HIV and their families:

Agree

Sexually transmitted infection management:

Strongly Agree

TB infection control in HIV treatment and care facilities:

Strongly Agree

TB preventive therapy for people living with HIV:

Strongly Agree

TB screening for people living with HIV:

Agree

Treatment of common HIV-related infections:

Strongly 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?:

Yes

Please clarify which social and economic support is provided:

- Refund of transport provided to PLWHIV attending Day Care Centre - Economic aid for all PLWHA with a Low CD4, on ARV and is unable to work. - they are also eligible for aid provided by the Empowerment fund from the Ministry of Social Integration.

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?:

- 3rd line HAART

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:

- 3rd line treatment available - PMTCT - 95% reached. - PCR available

What challenges remain in this area:

- Paediatric Care - Nutritional support - PCR protocol to facilitate tracing and testing of all children born to HIV positive mothers - Stigma and discrimination

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? :

100%

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?:

9

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

- Economic aid - Free transport - Free Education and educational materials

What challenges remain in this area:

- Ensure better coordination between various programme e.g Mof social security / empowerment programme

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:

- Peripheral services not yet computerized - Back-log of data entry in some instances (PLWHA, PMTCT) - Reporting system

1.1 IF YES, years covered:

2007-2011

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

Yes, all partners

Briefly describe what the issues are:

- capacity building - Data collecting culture - Reporting culture - Feedback mechanism

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? :

12%

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

Yes

Briefly describe any obstacles:

- Absence of a national data- base - communication between NAS, laboratory and other data source

4.1. Where is the national M&E Unit based?**In the Ministry of Health?:**

No

In the National HIV Commission (or equivalent)?:

Yes

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 Manager	1	-	2007
M&E Assistant	1	-	2009
Programme Officer	1	-	2011

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:

- validation and sharing of all evidence based information with all partners

What are the major challenges in this area:

- Feedback from top to bottom

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:

Yes

IF YES, at what level(s)?:

- Laboratory - Health Statistics, MOH & QL - NAS

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]:

- Resource mobilisation and allocation - International Reporting -National Coordination

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

- Indicators data to evaluate output and impact of programme. - To develop strategies to improve response - To scale-up services - Re-allocation of resources

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

At national level?:

Yes

IF YES, what was the number trained:

14

At subnational level?:

Yes

IF YES, what was the number trained:

40

At service delivery level including civil society?:

Yes

IF YES, how many?:

100

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

Yes

IF YES, describe what types of activities:

-On the job training (continuous) - Peer Review of the M&E system by regional partners

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?:

8

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

- A robust HIV surveillance System through regular conduct of surveys. - Quarterly Report to monitor implementation

What challenges remain in this area:

- To continue strengthening of the M&E system. - Continuous turn over of staff - M&E technical support from the Regional M&E advisor

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:

Active participation of Civil Society in - Advocacy -Mass Media Campaign - Regular interventions on Radio, TV and Newspaper. - Active participation during evaluation exercises of the NSF 2007-2011 (MTR May 2010, JAR Dec 2011)

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:

- At National level, nothing is done without the participation of the civil society. - Thematic TWGs constituted and civil society are represented in all groups

3.

a. The national HIV strategy?:

4

b. The national HIV budget?:

2

c. The national HIV reports?:

5

Comments and examples:

a. Services provided in the field of psycho-social support and prevention are aligned with the NSF and complement the services provided by government institutions. b. NGOs engaged in Harm Reduction(HR) strategies are funded by government. The quantum of support provided to CSO is at par with the absorption capacity of NGOs c. In national reports most of services provided by NGOs are accounted for, in particular all activities related to Harm Reduction activities and Prevention.

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?:

:

4

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

4

Comments and examples:

Efforts for capacity building in M&E has been done in the context of the implementation of the Global Fund grant. In the M&E committee the civil society are represented. A technical working group on M&E 2012-16 has been set up including all partners from CSO

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)?:

5

Comments and examples:

The components of the Civil society sector are: Council of Religions, NGO working with PLWHA, Representative of PLWHA, NGOs working with IDUs, FSWs, MSM, NGOs working on harm reduction strategies, NGOs working with ex-detainees and detainees prior to release

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:

The civil society • is able to respond to call for grants from the Corporate Social responsibility funds. • To call on bilateral/multilateral donors: European Union Commission, United Nations bodies • Can access funds and technical support as subrecipients upon response to call for proposals by the NGO Principal Recipient of the Global Fund Grant for HIV/AIDS: the Grant for NGO PR represents 33.7% of the National GF Grant • Access funds and technical support from the Indian Ocean Commission AIRIS-project on HIV/AIDS • Some NGOs also access funds from international NGOs The limiting factor is the capacity of the CSO sector to • Market their credibility and products • Send in viable projects • Show Technical capacity for good governance and cost-effective management

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

People living with HIV:

25-50%

Men who have sex with men:

<25%

People who inject drugs:

25-50%

Sex workers:

25-50%

Transgendered people:

<25%

Testing and Counselling:

<25%

Reduction of Stigma and Discrimination:

51-75%

Clinical services (ART/OI)*:

<25%

Home-based care:

25-50%

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?:

10

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

• Recognition of CSOs as partners • Ongoing funding of NGOs working with IDUs registered with NATReSA, a parastatal body under MOH • Grant for the running of Chrysalid, NGO involved with female Sex worker, IDU and ex-detainees: Red Ribbon award winner 2010 • New financial arrangement in place through the introduction of Corporate social responsibility with the possibility of funding NGO projects up to 1% of profit • Capacity building of NGOs in project management and M&E • Representation on Mauritius CCM as co-chair and members and on its National Executive Committee • Dual track funding under GFATM for government PR and NGO PR

What challenges remain in this area:

• High Attrition Rate: High Turnover among NGO staff requiring iterative capacity building • Professionalisation of NGO carers in terms of quality care and support in particular among the emerging NGOs in the field • Need to formalise an NGO platform • High reliance on traditional sources of funding through government and bilateral funding: need for capacity building in resource mobilisation

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:

The Government of Mauritius has fully adopted the concept of GIPA. they formed part of committees and TWGs. Service beneficiaries(Client of Methadone, NEP) are included in these TWGs. High level commitment to facilitate free access to ARV and other services.

B - III. HUMAN RIGHTS

1.1.

People living with HIV:

Yes

Men who have sex with men:

No

Migrants/mobile populations:

No

Orphans and other vulnerable children:

Yes

People with disabilities:

Yes

People who inject drugs:

No

Prison inmates:

Yes

Sex workers:

No

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:

Equal Opportunity Act 2008, amended in 2011 The new legislation adopted in December 2008 prohibits any form of discrimination, directly or indirectly. It is meant to ensure that every Mauritian gets equal opportunities to achieve his goals in every field. He is thus protected from being wronged because of his age, ethnic origin, colour, race, physical state, caste, marital status, political opinions, belongings or sexual orientation.

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

The Equal Opportunity Act provides for the establishment of: a) an Equal Opportunities Commission which shall inter alia receive and investigate complaints of discrimination, endeavour to reconcile the parties affected by the complaint and where the complaint remains unresolved, refer the complaint to the Equal Opportunities Tribunal. The Commission shall also prepare and publish guidelines for the avoidance of discrimination and b) an Equal Opportunities Tribunal which shall have jurisdiction

to hear and determine complaints of discrimination referred to it by the Equal Opportunities Commission and to make such declarations, orders and awards as it thinks fit, including orders requiring the person against whom the complaint is made to pay compensation

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

Equal Opportunity Act 2008 was amended in 2011 and no feedback on implementation yet available

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:

Yes

Orphans and other vulnerable children:

Yes

People with disabilities:

No

People who inject drugs:

Yes

Prison inmates:

Yes

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:

Criminalisation of Sodomy • No work permit to HIV positive migrant workers • Non-harmonisation of Dangerous Drug Act and HIV/AIDS Act on the carrying of injecting material containing illicit drug • Need for morality certificate for job application • Criminalisation of soliciting clients by sex workers

Briefly comment on how they pose barriers:

• Access to health services for MSM, transgendered, sex workers is hindered and therefore poses a problem for scaling up these services including outreach services, HIV Testing • Size estimate of the MSM population was not possible as compared to IDUs because of absence of dedicated services • Rehabilitation of Drug users and ex-detainees hindered because of the need for morality certificate for job application

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:

Domestic Violence Act not specific to women living with HIV/AIDS The Protection from Domestic Violence Act was enacted in May 1997 for the protection of spouses against domestic violence. It aims at reducing and preventing domestic violence and at ensuring that where such violence occurs, there is effective legal protection. The act provides for the issue of : Protection Orders - which restrains the abuser from further violence and orders him to be of good conduct; the order can last for a period not exceeding 24 months; Occupancy Orders - which grants exclusive rights to the victim to live in the residence, which may belong to the victim or the abuser or both. This order may last for a maximum of 24 months; Tenancy Order - which give the victim the exclusive right to occupy a rented house and if the abuser rents the house, he would pay the rent. The Protection from Domestic Violence Act has been amended in 2011 in order to strengthen the enforcement mechanism provided under the Act and ensure better protection to victims of domestic violence.

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:

1. The HIV/AIDS Act 2007 was amended in 2008 □ HIV infected persons should be guaranteed equal rights as regards □ Clause 6 – Employment □ Clause 3 - HIV positivity not to be considered as a disability □ Clause 12 – Care and Treatment: Ensures no discrimination in delivery of health care: Medical, Dental and Nursing Officers, Health Care Workers to provide care and treatment irrespective of a person unwillingness to be tested • Clause 18[3]- Sanctions for contraveners to the law 2. National Strategic Framework elaborated on the guiding principles of a human-rights based approach

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 subpopulations?:

Yes

IF YES, briefly describe this mechanism:

NGO PILS provide a platform to register all form of discrimination suffered by PLWHA and also provide Free legal aid.

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?:

-Accessible to all PLWHA in need of these services.

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:

The National HIV policy ensure universal access.

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:
-Awareness and Mass education - community interventions - Training of Health Care Personnels -Decentralisation of services -outreach with KAPs to reduce self-stigma

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:

Refer to HIV AIDS ACT: Clause 6 of the HIV and AIDS act prohibit HIV screening for Mauritians for employment

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:
No
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:
-

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:
Yes
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:

Yes

Other [write in]:

-Community - School - Police force - Prison officers

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:

The HIV/AIDS Act promulgated in 2007 ensures the Human rights protection of HIV-infected persons at the workplace and in the community NSF 2007-2011 elaborated on a human rights based approach Guiding principle of NSF 2012-2016 also have human –rights based approach

What challenges remain in this area:

• Mechanisms for the enforcement of Human Rights put in place • The National Human Rights Commission (NHRC) has limitations and does not deal with complaints relating to economic, social and cultural rights, such as the right to work, the right to an adequate standard of living, the right to education, the right to health services, the right to social security, etc. • Better Conducive environment for the NEP: harmonisation of DDA and HIV/AIDS Act • Dedicated services for key populations that would enhance equity

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:

Disseminate HIV/AIDS Act among medical and paramedical staff and teachers

What challenges remain in this area:

Key actors that would need to better understand the HIV and AIDS Act are difficult to access: parliamentarians, police force, law enforcement authorities, top and middle management of public and private institutions

B - IV. PREVENTION

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

Yes

IF YES, how were these specific needs determined?:

• Direct Inputs from civil society organisations and government institutions or indirect inputs through media • Studies in the general population (KABP) and studies among key populations (IDUs, FSWs, MSM, Street children, sea farers, prison inmates) • Monitoring and Evaluation data • Gaps identified at midterm review and at Joint Annual review of NSF

1.1 To what extent has HIV prevention been implemented?

Blood safety:

Strongly Disagree

Condom promotion:

Strongly Disagree

Harm reduction for people who inject drugs:

Strongly Disagree

HIV prevention for out-of-school young people:

Agree

HIV prevention in the workplace:

Agree

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:

Agree

Prevention for people living with HIV:

Strongly Agree

Reproductive health services including sexually transmitted infections prevention and treatment:

Agree

Risk reduction for intimate partners of key populations:

Disagree

Risk reduction for men who have sex with men:

Disagree

Risk reduction for sex workers:

Disagree

School-based HIV education for young people:

Agree

Universal precautions in health care settings:

Strongly 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?:

7

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

• Under Phase 1 of GF for HIV/AIDS, harm reduction strategies have been scaled up for IDUs. • HIV testing have been decentralised to Area Health centres island wide and rapid testing have been offered on a greater scale • A social network around defaulting HIV positive pregnant women to PMTCT has been enhanced with a coverage increase from 68% in 2010 to 89% in 2011 • Introduction of Methadone substitution therapy for IDUs in prison settings

What challenges remain in this area:

Needs-led Services dedicated to other key populations have not been adequately met: MSM stay hard to reach populations. Careworkers working with them have yet to be trained appropriately. Numerous health issues are yet to be tackled, e.g misuse and abuse of hormonal therapy. Management of female sex workers(FSW) is still lagging behind. One residential care centre and one day drop-in care are available for the 1500 estimated street-based FSWs. Psycho-social support programmes for PLWHA to be rolled out on a national level Prevention programmes among vulnerable children and out of school youth Community work instead of jail sentence for IDUs

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:

• Counselling before treatment • Treatment literacy • Adherence to follow-up and treatment • Regular CD4 monitoring pending Viral load monitoring • Clinical and other laboratory check up for side-effects, drug intolerance and occurrence of opportunistic infections • Psychosocial support

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

• Treatment initiation starting as from CD4 count of 350/mm³ instead of 200/mm³ since January 2011. • Better psychosocial support for adherence to treatment and follow-up

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:

Agree

Early infant diagnosis:

Agree

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

Agree

HIV testing and counselling for people with TB:

Strongly Agree

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

Disagree

Nutritional care:

Disagree

Paediatric AIDS treatment:

Agree

Post-delivery ART provision to women:

Strongly Agree

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

Strongly Agree

Post-exposure prophylaxis for occupational exposures to HIV:

Strongly Agree

Psychosocial support for people living with HIV and their families:

Agree

Sexually transmitted infection management:

Agree

TB infection control in HIV treatment and care facilities:

Disagree

TB preventive therapy for people living with HIV:

Strongly 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?:

7

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

-Decentralisation of treatment and care services

What challenges remain in this area:

• Adherence to follow-up once HIV diagnosis is made so that ART treatment is initiated optimally decreasing HIV morbidity and mortality • Treatment of HIV-Hepatitis C co-infection • User-friendly treatment and care services with non-discriminating attitudes • Palliative care services for PLWHA • Psychosocial support to Key populations • Professionalisation of carework • Prevention of burn-out among caregivers

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? :

90%

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?":

7

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

- Economic aid - Free education and transport services - Exempted from examination fees - access free school materials

What challenges remain in this area:

- Harmonisation of services - Harmonisation of data base to facilitate reporting according to specific indicators

Source URL: <http://aidsreportingtool.unaids.org/135/mauritius-report-ncpi>