

## Micronesia Federated States Of 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:**

The process for gathering data for the NCPI Surveys was led by the FSM Focal Point. Following negotiation of the dates for the consultants field visit, the designated focal point attended the GARP training workshop offered by UNAIDS and SPC in Fiji in January. After the workshop, the focal point held a meeting of national and state programs, where he distributed the NCPI survey. Following the consultant's arrival, a meeting was convened with a small working group consisting of the national coordinator, the national M&E officer and national finance manager to discuss the process and agree on responsibilities for compiling the report, including completion of the NCPI Surveys. Given the constraints of geography across the four states and timeline for completion of the report and competing program priorities, it was agreed that NCPI Surveys would be completed by a range of representatives from each State, through the state HIV & STI coordinator as the key point of liaison. It was agreed that data from these surveys would be incorporated into the draft report, and key findings would be validated by teleconference of the national and state coordinators. The National HIV Program Coordinator communicated with all state coordinators and identified representatives from the State Departments of Health and Community groups. He re-circulated a word version of the NCPI Survey to all. The national M&E Officer then followed up with each state coordinator over a two week period to encourage responses and clarify any questions on the NCPI Survey. At the end of the two week period, a total of 4 surveys were received. Whilst a number were promised, only one more survey was submitted prior to drafting of the report. In discussion with the National Coordinator, it was agreed that the opportunity for feedback on the draft report was sufficient for validation purposes, particularly given the small numbers who responded to the survey request. The final draft of the Report, with attachments, was revised by the consultant then returned to the National HIV Program Coordinator for upload.

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

The HIV Coordinator held a number of teleconferences with state coordinators to discuss the purpose and timing of the Global AIDS Progress Report. He also subsequently invited all state coordinators, and associated state-level stakeholders, to respond to the survey and to comment on the key findings in the draft report. At the same time, the consultant raised inconsistencies arising from the review of program reports or advice from stakeholders with the HIV Coordinator. He either advised of the correct information or identified a source through which to verify information. When necessary, email communication or meetings were held to clarify points of inconsistency or difference. If information was not able to be clarified due to time constraints or gaps in data, this qualification is noted in the report.

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

The absence of a representative response to the Survey from key stakeholders at state level raises some concern about the quality of the findings. In addition, some of those who did respond were not familiar with a number of the issues raised in the Survey and so could not respond to key questions. The lack of responses to the Survey, and corresponding gaps in information, were discussed with the HIV Coordinator and the working group. Some possible reasons for the lack of responses included: • The survey was too long; • The questions were not clear; • The questions were not relevant to the response in the FSM; • People may not always feel able to answer the questions, because they lack specific knowledge or skills – or someone else is seen to be a better source of information. • The time frame for responses was short, particularly given that respondents also had other competing work priorities to address during this time. To address the gaps in information which arose as a result of the small number of completed surveys, the working group cross-checked any queries arising from the draft Report individually with relevant sources. Some of the key points for UNAIDS to note for reviewing the quality and appropriateness and relevance of the survey instrument include: • A substantial number who responded to the survey spoke English as a second language – with the short timeframe for completion of the GARP process and the limited resources available, and stakeholders other existing commitments on the ground, it was not possible to translate the survey document or to conduct participatory processes as an alternative. Some of the questions are double-barreled or sequenced

and require an overview of the whole series of questions to fully respond. This needs to be addressed so that the survey is easier to understand; alternatively, the time available for technical support needs to be extended, so that a different process for answering survey questions can be utilized. • Many of the questions did not permit for an alternate answer of 'Do not know' or 'Not applicable' which risked leaving many marginalized by the survey questions because they could not answer at all, or honestly. We therefore introduced these options into the survey template for some questions. However, this still risked many feeling marginalized because it seemed that they did not know enough about the response – which meant the survey was not an effective capacity development instrument, which is important when you are trying to build an effective response across civil society and government with varying capacity across stakeholders. • Whilst many HIV & STI programs in Pacific countries are small overall, these programs still needs to provide for the possibility of delivering the full range of possible services and programs required for a comprehensive response: i.e., the full span of prevention through to treatment and care. In addition, many program stakeholders wear many hats across multiple program responsibilities in addition to HIV & STIs. Stakeholders are often stretched, and even if they are comfortable responding to a survey in English, they do not always have time. • In a small community, respondents are sometimes careful about their responses because it is easy to identify a person who may be associated with a concern raised. This can alter the accuracy or comprehensiveness of responses, even if the responses are 'anonymous'. • With capacity varying greatly across Government and NGO stakeholders, some ratings reflected the absence of communication between those who were intimately involved in program delivery and those who were on the periphery for the HIV & STI response, rather than a true or accurate picture of what was happening in the response. Although a valuable perspective which demonstrates that communication is an issue, responses may not always reflect on the full range of services and programs in place. • In low prevalence and low resource settings, which is common in the Pacific, the role of STIs and broader sexual and reproductive health capacity as well as overall health systems infrastructure and capacity, are critical in addressing the HIV response. Often, limitations in the response to HIV reflect on limitations in overall systems and capacity in the broader health and other sectors. This link between HIV and STIs or the broader health system was not well-captured in the survey instrument.

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

Organization	Names/Positions	A.I	A.II	A.III	A.IV	A.V	A.VI
Primary Health Care	HIV/STD Coordinator	Yes	Yes	Yes	Yes	Yes	Yes
Kosrae HIV/AIDS Program Kosrae State Hospital	HIV/AIDS Program Coordinator	Yes	Yes	Yes	Yes	Yes	Yes
FSM National HIV/AIDS Program	National M&E Officer	Yes	Yes	Yes	Yes	No	Yes
FSM National HIV/AIDS Program	National Coordinator	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
Red Cross	Youth Program Officer	Yes	Yes	Yes	Yes	Yes
Micronesia Human Resource Development Center	Head/Administrator	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):**

No

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

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

2007-2011 NSP has expired. 2012-2017 (Draft in progress) The previous National Strategic Plan 2007-2011 expired last year. The next National Strategic Plan (2012-2017) to respond to HIV & STI is in progress – it operates across national and state government from Department of Health, and civil society representatives from women's groups, community planning groups, national youth council, PREP coordinator. IT will developed in consultation with the UN joint presence and SPC, with support from the Burnet Institute. The Plan's development is led by the Department of Health and Social Affairs: at stage, other government ministries have not yet been involved – they will be consulted when the first draft is developed. This National Strategic Plan is somewhat different from the first plan due to the fact that it was a National Plan but each of the states will also be using it. The first plan sets a national plan and four other plans, one for each of the states.

**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:**

No

**National Development Plan:**

Yes

**Poverty Reduction Strategy:**

No  
**Sector-wide approach:**  
No  
**Other [write in]:**  
-

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

**HIV impact alleviation:**

Yes

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

Yes

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

No

**Reduction of stigma and discrimination:**

Yes

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

Yes

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

No

**Other[write in below]:**

-

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

Yes

3.1. IF YES, on a scale of 0 to 5 (where 0 is "Low" and 5 is "High"), to what extent has the evaluation informed resource allocation decisions?:

3

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?:

No

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?:

No

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?:**

Both male and female; by age; and by geographic location.

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

Respondents reported that data is collected through surveys, registration, counseling, number of condoms distributed, number of IEC materials distributed – and it is used by the National HIV & STI Program to report to funders (compliance) or to see where need to target, e.g. when they come to clinics or do outreach, they do testing, we see if we need to go more to those areas.

(c) Is coverage monitored by geographical area:

Yes

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

Respondents reported that information is aggregated at national and state levels – and collected at clinic and village level.

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

-

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:**

Respondents were not aware of the National Health Plan which is incorporated into the National Development Strategy 2004-2023. This Plan addresses prevention and treatment and care of HIV & STIs, and related issues.

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?:

6

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

A number of respondents made no comment. Another respondent noted that employing an M&E officer – because it will improve the programs by monitoring and evaluating them. One respondent was able to identify that the NSP will help – by strengthening collaboration. As a result of the Plan, we will know where we need to go, who we need to , we have one national strategic plan, we will get more people involved to support the plan and from there... we will collaborate to build a strong team to decrease HIV and STIs.

### What challenges remain in this area:

Although a number of respondents made no comment, others identified that the biggest challenge facing RMI's HIV & STI program is to get more people involved. They argued that there was a need to involve more police, or legislators, in making the national strategic plan. This will help empower people. And create ownership. If it's just the health department then send it out, it won't be as good. ... This respondent argued that stronger engagement from a range of stakeholders would strengthen the Plan: they will understand and want to contribute to it. This respondent wanted to understand more and wanted other people to understand more and be involved in the NSP.

## 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:

No

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

No

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:

Kosrae was the only state which identified strong support from its head of government or other high officials to take action that demonstrated leadership in the response to HIV and STIs. In Kosrae, the Governor supported World AIDS Day activities by the signing of the Proclamation for the Day. Previously, the Governor had broadcast the WAD Message. The Kosrae HIV & STI program played the message on the radio. The message discussed the seriousness of HIV disease and the role for all in the fight against HIV/AIDS in the state of Kosrae. In the Kosrae legislature, a bill on criminalising the intentional transmission of HIV is in progress. At municipal level, the Mayor supports the HIV & STI program with support to use the municipal facilities in various communities.

### 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?:

Kun Isaac, chairman NACHOST

#### Have a defined membership?:

Yes

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

17 members

#### Include civil society representatives?:

Yes

#### IF YES, how many?:

5 members

#### Include people living with HIV?:

No

#### Include the private sector?:

Yes

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:**

The NAC HOST was formed in 2010. It has developed by-laws for its operation. Working with the National Coordinator, it has supported development of the National Strategic Plan and oversight of the response.

**What challenges remain in this area:**

Members are located in each state and very difficult to convene a meeting because of distance and some members also wear many hats and thus hard to bring them together. Funding is also an issue. FSM have not receive funding that applied through SPC because of changed in guidelines for this funding stream.

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

10%

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?:**

Yes

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

Yes

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

Although one respondent answered yes, they did not provide any details.

**Name and describe any inconsistencies that remain between any policies/laws and the National AIDS 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?:**

4

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

One respondent identified Kosrae Legislature's role in proposing a bill to criminalize the intentional transmission of HIV as a key achievement. A second respondent identified the allocation of funds and establishment of a new Monitoring and Evaluation role as evidence of political support. However, another respondent noted "But they (political leaders) haven't gone to a clinic or stood up in Congress. I don't see them doing that."

**What challenges remain in this area:**

In Kosrae, passing the current bill to criminalize the intentional transmission of HIV remains ongoing. The Bill is before the Health Committee, which has asked for more information before reintroducing the Bill for the final reading. Another respondent identified getting the political leadership involved as one of the biggest challenges. They identified culture – the community does not openly talk about sensitive issues like sex – as one of the reasons political leaders leave HIV to the health Department. The HIV & STI program needed to advocate with political leaders more, and encourage them to discuss HIV more openly.

## 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:**

No  
**People with disabilities:**  
 -  
**People who inject drugs:**  
 No  
**Prison inmates:**  
 No  
**Sex workers:**  
 No  
**Transgendered people:**  
 No  
**Women and girls:**  
 No  
**Young women/young men:**  
 No  
**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:**  
 Two respondents identified the Constitution, representing a democratic government, that provides rights of individual and that no discrimination against, race, gender, religion and freedom of expression.

**Briefly explain what mechanisms are in place to ensure these laws are implemented:**  
 Respondents identified that one state has a specific law to protect the rights of positive people (and those believed to be positive). But they were unsure now it was implemented.

**Briefly comment on the degree to which they are currently implemented:**  
 One respondent noted that although the Pohnpei law exists, people are not confident to use it because they don't want to reveal their status.

**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:**  
 No  
**Migrants/mobile populations:**  
 No  
**Orphans and other vulnerable children:**  
 No  
**People with disabilities:**  
 No  
**People who inject drugs :**  
 No  
**Prison inmates:**  
 No  
**Sex workers:**  
 No  
**Transgendered people:**  
 No  
**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:**  
 Most respondents were not clear whether any legislation existed which created obstacles for key populations.

**Briefly comment on how they pose barriers:**  
 One respondent identified that sex work is illegal, which can make it difficult for these people to access HIV & STI services openly. The HIV & STI Program in Pohnpei is working with sex workers to provide education and encourage access to testing and treatment.

## 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:**

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:**

No

**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?:**

No

**Teacher training?:**

No

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

No

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

No

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

Yes

Briefly describe the content of this policy or strategy:

-

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

<b>IDU</b>	<b>MSM</b>	<b>Sex workers</b>	<b>Customers of Sex Workers</b>	<b>Prison inmates</b>	<b>Other populations</b>
Yes	Yes	Yes	Yes	Yes	-
No	No	No	No	No	-
Yes	Yes	Yes	Yes	Yes	-
No	No	No	No	No	-
Yes	Yes	Yes	Yes	Yes	-
Yes	Yes	Yes	Yes	Yes	-
Yes	Yes	Yes	Yes	Yes	-
No	No	No	No	No	-

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

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

no comments were received

What challenges remain in this area:

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

Yes

IF YES, how were these specific needs determined?:

One respondent agreed that there is a need for HIV & STI prevention programs; with prevention particularly important to keep the prevalence of HIV low. Although FSM has cases, FSM receives support from many areas and programs to assist us in dealing with existing cases. For example, the Ryan White fund helps to provide care and support to people who are already affected with the HIV disease. Another respondent identified the kinds of prevention programs needed: Youth awareness activities; Mother and Daughter workshops/Father and Son workshops; Parent Peer Educators; and more Peer Educators.

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:**

N/A

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

Strongly Agree

**HIV prevention in the workplace:**

Strongly 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:**

Strongly Agree

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

Strongly Agree

**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 implementation of HIV prevention programmes in 2011?:

## 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:

One respondent was clear that the HIV & STI program they offer or provides care and support to clients by providing medication and food as well as other support.

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

The same respondent identified that, in the past, no care and support was provided to clients – but with additional funds, the HIV & STI Program was able to provide food and ARV to clients, which has really make a difference in their cooperative efforts to the program.

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:**

Strongly Agree

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

Strongly Agree

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

Strongly Agree

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

Strongly Agree

**Nutritional care:**

Strongly 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):**

Strongly Agree

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

Strongly 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:**

Strongly Agree

**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]:**

-

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

No

Please clarify which social and economic support is provided:

Respondents indicated that they were unsure whether government had a policy to provide social and economic support to people infected and affect by HIV.

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?:**

One respondent indicated that the National Program supported the States to access ARV supplies through the Regional Pharmacy.

**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?:**

5

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

One respondent indicated that the key achievements that I personally see in this area is that the program has never experience stock out on medication or ARV and that our ARV are available all the times.

**What challenges remain in this area:**

The same respondent advised that the only problem is that, some of the medications needed for the other STI's is not allowable under the agreements that FSM has with the supplier.

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

No

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

5

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

The ARV prophylactic treatment is available for children born from and infected mother or ARV available to suspected mother for HIV and thus can initiate prophylactic to mother.

**What challenges remain in this area:**

One major challenge is testing infant for HIV. FSM still do not have the supply and the capacity to run this type of test for children.

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

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

In Progress

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

One respondent indicated that FSM now have agreed on a plan for implementing M&E – but we haven't yet worked out our framework – with indicators. A national M&E Officer has been appointed to address this area. But another respondent said that there was no M&E Plan yet.

**Briefly describe what the issues are:**

Alignment and harmonization means that key national partners will be informed about what will happen in M&E – this is one strategy to get all partners onside and working together.

2. Does the national Monitoring and Evaluation plan include?

**A data collection strategy:**

No

**A data analysis strategy:**

No

**A data dissemination and use strategy:**

No

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

No

**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? :**

5%

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

In Progress

**Briefly describe any obstacles:**

One respondent described that the challenge is that they need more training because they are new in the job – and it's a new area. FSM is committed, just need time. And support. SPC's Dr Ola will support. He will return in July. He has also encouraged the M&E officer to do some training before then.

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

**In the Ministry of Health?:**

Yes

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

Yes  
Elsewhere [write in]?:

-

Permanent Staff [Add as many as needed]

<b>POSITION [write in position titles in spaces below]</b>	<b>Fulltime</b>	<b>Part time</b>	<b>Since when?</b>
Neferti David	Administrative Specialist (M&E Officer)	-	October 2011
Takiko Ifamilik	Finance Officer	-	2010
Senolyne Syne	Assistant TB Manager	-	2011
Johnny Hebel	National HIV Coordinator	-	June 2005
Mayleen Ekiek	National Manager for TB & STI	-	2004

Temporary Staff [Add as many as needed]

<b>POSITION [write in position titles in spaces below]</b>	<b>Fulltime</b>	<b>Part time</b>	<b>Since when?</b>
Nancy Edward	Pohnpei HIV Coordinator	-	-
Mercedes Gilmete	Pohnpei HIV Health Educator II	-	-
Masaly Andon	Pohnpei HIV Staff Nurse	-	-
Suhle Manuel	Pohnpei STI Practical Nurse	-	-
Senoleen Paul	Pohnpei HIV/STI Health Assistant	-	-
Carmen Jim	Pohnpei MCH Coordinator	-	-
Rupihner Defang	Pohnpei TB Coordinator	-	-
Marcy Lorrin	Pohnpei FP Coordinator	-	-
Francisco Kermen	Pohnpei FP Practical Nurse	-	-

**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?:**

-

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

Respondents advised that the National and State HIV & STI Programs work in close cooperation to monitor data for inclusion in the national M&E system. Data is collected in relation to counseling and testing by staff the various Public Health Clinics: TB, ANC, and Family Planning – as well as by the Youth Center. The data is collected by the coordinator and included in the Quarterly Program Reports submitted to the National STI & HIV Program Coordinators.

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

One state level respondent identified their knowledge of who is infected and treated as a strength in their programming. However, correspondingly, it becomes a challenge if data is not reported, with the risk that clients are overlooked, particularly in relation to contact tracing, and transmission can increase. One respondent identified that reports are not always submitted to the National Program on time. The State workload is high, and so data entry and reporting is not always their priority. The geographical distance between National and State programs is also a factor – personal contact means it is a lot easier to access information. Some State personnel are not familiar with reporting software – excel expertise can be limited, so that it is sometimes easier for people to put the forms to one side and ‘leave them for later’. But if they know how to complete the forms, then they get it done.

**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.:**

The National HIV & STI Coordinators manage the HIV & STI Program database which records screening, diagnostics and related treatment data.

**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, all of the above

6.2. Is there a functional Health Information System?

**At national level:**

-

**At subnational level:**

Yes

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

-

**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]:**

-

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

Respondents noted that M&E data is used reports to donors and to the national program.

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

**At national level?:**

Yes

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

in Yap for 20 people - with national and state coordinators

**At subnational level?:**

Yes

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

-

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

No

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

-

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

5

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

One respondent nominated the creation of the M&E position; support from SPC for monitoring & evaluation; and the drafting of the National Strategic Plan as key achievements.

**What challenges remain in this area:**

The same respondent identified the following challenges: the need for more training in monitoring & evaluation; the need to establish systems for monitoring and evaluation; clarification of the role of the M&E officer; and completing the task of monitoring and evaluation.

## **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?:**

4

**Comments and examples:**

One respondent described that Civil society is filling the gaps for Government: for example, in relation to programs for elementary students Red Cross' peer education program covers all of Kosrae. They are the only peer educators. They can cover some places which the Government can't go because their services are rejected. For example, with services to positive people: if the Department of Health goes to a house, the community suspects that someone in the house has HIV. There is stigma associated with HIV still. So Red Cross will go and do outreach for everyone so that when the HIV & STI Program team comes, then people don't know that the Department is going to the positive people. SO Red cross does both: we fill the gaps and help Government to better access people and get the services out to people. The Government is doing their job: it's just that the community resists. In response to the question of strengthening political commitment, one respondent said that although not much has happened in 2010 2011, there are plans to engage leaders through workplaces. The Red Cross Plan to gather higher ups and all agencies to present on HIV: teachers, nurses, across different Government Departments. Often, education and awareness programs are designed for lower levels, so this program will target decision makers such as the permanent employees, or the Secretary of the Dept. The Pohnpei state has an HIV & AIDS policy that requires prevention of stigma and discrimination. Another respondent commented that representatives from a couple of CSO's have participated in workshops which have included discussion of political commitment.

**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)?:**

4

**Comments and examples:**

One respondent said that there is a shift in how civil society is involved: before, in 2008, it was just Government, and people they work with in local Government who make Plan – but now there is civil society voice in making the Plan for e.g. the Chuuk Women’s Council is involved in the Planning. Red Cross were invited but were already committed with something that had been planned for seven months. This respondent thought that planning is more interactive. He attributed this change to the way the different donors operate. The priorities that they have set makes planning work differently now; e.g. the Response fund really requires the community’s voice: with the streams of the funds, we must have a NAC to get community based funding which creates pressure to create the NAC. So civil society with Government looks at who should get funds, and the quality of proposals. So the partnership is between Government and civil society and is now beginning to form as an exchange, a partnership, the way it should be, not one-way. It is now more collaborative, and goes back to community – rather than suffer plans, the community gets to see processes and the things that are needed, and they know that when we talk about civil society, it’s with us, not for us. The NAC also has representation from the Women council and MRDC – Red Cross feel well represented by them.

3.

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

1

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

4

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

0

**Comments and examples:**

One respondent reported that although they were aware that there were some activities in the NSP for which CSOs are identified as implementers, they were not aware of specific funds that are available in the NSP to support these activities. There were also not aware of any CSO information included in the reports prepared at the national level. Neither respondent was aware of any requests for information from the national program, although one noted that there was a report to the UN on the MDGs in 2010.

4.

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

1

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

:

2

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

4

**Comments and examples:**

Respondents commented that they had participated in workshops which have included activities related to M&E plan development. One commented that although he had never been in a national M&E planning workshop, he did have his own M&E plans. He used these plans to back up his work with evidence. One respondent noted that the data is there, but not always shared with others unless specifically requested. The Red Cross often request data from the National Program and use this data to support grants and proposals for additional funding. They have never had trouble accessing the data. The data is also used to develop education materials for the community and encourage them to use services. It is useful to be able to tell the community about the current situation in terms of HIV and STIs. As a result, some of the community respond positively and come in for testing. For example, we bring the services to the community as a mobile clinic and are now able to quickly give them their results following testing. We work as a team, between the peer educators and the HIV & STI Program and the laboratory. This is particularly successful in Pohnpei but not as successful in Kosrae. When we have done this in Kosrae, when the specimens get to the lab, the coding goes wrong when the lab pack it. So when the specimens came to Pohnpei, there were different codes everywhere, they don’t get them right and the specimens were thrown out. It is a difficult problem.

**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:**

One respondent thought that, in one way or the other, the CSO sector’s engagement reflects everyone. Speaking primarily in relation to Pohnpei and Kosrae, he thought that the response reaches all areas: the port, the hotels. There are different organizations doing awareness: MRDC – Peer education and drama/murals; UNFPA-funded Youth to Youth / Youth friendly health service which operates 3 times a week. And Youth in health – they talk to parents and their kids, including the Father-son, mother-daughter program. The faith-based organizations tend to be recipients rather than deliver services – but they do bring people together. Red Cross is hoping to establish its program in Chuuk soon, pending funds.

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?:**

1

**Comments and examples:**

Both respondents noted that they have been able to secure funding from the “Response Fund” for HIV/AIDS Prevention projects; and technical assistance to develop /capture “Most Significant Change” stories. One commented that the role of the local SPC office has made a difference, providing good back up to understand the funding requirements. And the reporting for each is the same. The SPC Response Fund and Global Fund has been a big shift in the way funders can support each other – with activity funds and human resources supported by one or the other of the Global or Response Fund, the two funders ‘piggy-back’ each other. This respondent suggested that the two funds should be combined – it would be difficult to only fund one rather than the other. The Red Cross advised that it was intending to apply for Round 11 of the Global fund, so when this funding was pulled, this was a disappointment. Red cross has just had an Australian delegate visiting to assist them to develop a health plan. The Plan is intended to merge all the health programs including the peer education program, so that Red Cross can lobby for funds in Australia. At the moment, the peer education program is looking for additional funds to support activities after 2013; they have sufficient funds to operate until 2013. Red Cross is waiting to hear about the Global Fund transitional mechanisms – this was advertised in March but they have not yet heard any advice. They have also approached the SPC Response Fund. One respondent reported that the real issue with funds was the funding flow: although funds are approved, the process for transferring funds can take some time. This affects capacity to maximize and implement services. With Global Fund phasing out, some programs, in both Government and Civil Society, are questioning what will happen. This is likely to mostly affect human resources - like salaries - for most programs. The Red Cross doesn’t access CDC funds.

**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:**

25-50%

**People who inject drugs:**

<25%

**Sex workers:**

51-75%

**Transgendered people:**

25-50%

**Testing and Counselling:**

51-75%

**Reduction of Stigma and Discrimination:**

51-75%

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

25-50%

**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?:**

8

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

One respondent thought that the achievements in prevention had been substantial with a ‘huge’ increase in programs offered: there is now programs based on drama, puppets, skits, (Youth for change, MRDC, Murals) through venues such as the World AIDS Day Campaign, which has lots of songs and skits. Overall, this respondent thought that the community’s involvement had increased as a result of all the work and the engagement by CSOs, the resources, and the skills in the workforce. One respondent thought that only two or three CSOs have operated programs. The initiative to run a program comes from the CSOs not the government. Government offices have been both supportive (signing support documents for applications) and obstructive, in that they are sometimes slow to complete financial procedures.

**What challenges remain in this area:**

One respondent identified that funding FLOW is the issue, with funds sometimes coming, sometimes delay, so activities go up and down – for example, the Global fund delays. Similarly, another respondent that that ensuring that financial transactions are promptly completed if it is necessary for funds to be run through governments.

## **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:**

One respondent identified that PLWH are involved – but that because these are only known to a few, getting their view is hard.

As a result, their views tend to be channeled through their main point of contact (for treatment). This respondent thought that positive people were sufficiently involved: the law is there (in Pohnpei), the treatment is there, the PLWH support is there, the awareness is there. From both from CSO and Government. But one area where more could be done is to improve the policies and programs in the workplaces. One HIV+ individual from one FSM state has been involved in wider stakeholder meetings.

## 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:**

No

**People with disabilities:**

Yes

**People who inject drugs:**

No

**Prison inmates:**

No

**Sex workers:**

No

**Transgendered people:**

No

**Women and girls:**

Yes

**Young women/young men:**

Yes

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

-

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

No

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

There is not yet any national level law. The FSM states are at various stages of progress with passing/implementing state level laws.

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

Do not know.

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

Do not know.

**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:**

Yes

**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:**

Respondents were mixed in their responses, with one not aware of any laws regulations or policies which might present obstacles for vulnerable or key populations – except in relation to sex workers. No details were provided. One did comment that mandatory testing may prevent the rights to access to college etc. He explained that with the US Federal funding, FSM is following their standards in this area. But there is no one who has had a problem with being tested (yet). So if (and until) someone did, there is not an issue.

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

No Comment.

**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:**

Although one respondent did not know, another thought that there was draft domestic violence legislation in development, with SPC support. In relation to sexual assault, the criminal law would apply. Another thought that the status of CEDAW in the FSM under review.

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

-

**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?:**

All respondents were aware that there are programs to provide ART and other care for HIV+ persons.

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

No

**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?:**

No

**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?:**

No

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

No

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

**a. Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work:**

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:**

One respondent noted that the Department of Labor oversight employees conditions – and the regulations around all employment.

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?:**

No

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]:**

-

**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?:**

6

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

The key achievements nominated included: • Red Cross training on discrimination and stigma. • Pohnpei State legislation on HIV/AIDS – particularly protection from stigma and discrimination.

**What challenges remain in this area:**

The challenge are: • Everyone needs understand and know about the policy and legislation. • Need to introduce the legislation into workplaces. • Need to write an endbook explaining the law. • The Police and judiciary are obliged under the law to look after everyone equally but there is not training, so we cannot tell how well the legislation is implemented. • Completing legislation in all states and at national level.

**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:**

Respondents described the following as the key achievements in this area: • Access to services - free services are part of our approach. • Collaboration (between government and civil society services) are strong. • Discussions on CEDAW.

**What challenges remain in this area:**

These challenges remain: • Making sure that all areas in international humanitarian laws are covered. • Really monitoring and measuring the success of our legislation in protecting people from stigma and discrimination. • Human Rights legislation needs to be completed.

## **B - IV. PREVENTION**

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

Yes

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

Respondents were clear that these needs were identified as part of the development of the national Strategic Action Plan for HIV/AIDS.

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:**

N/A

**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:**

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:**

Agree

**Risk reduction for sex workers:**

Strongly Agree

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

Agree

**Universal precautions in health care settings:**

Agree

**Other [write in]:**

One respondent was unaware whether there were programs in risk reduction for any of the key groups, or for men who have sex with men.

**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:**

Key achievements in the implementation of HIV prevention programs were: • Now, there are more people working on the HIV issue. In three states of FSM, there are civil societies working on HIV and targeting HIV – and effectively, these CSOs are strong organizations: Women’s Council, Red Cross Kosrae and Pohnpei; the College of Micronesia; the Youth for Change group; and the Peer education programs. • There are also a lot of activities, especially around WAD.

**What challenges remain in this area:**

The challenges are: • Although we have identified all the vulnerable groups we need to target, and have comprehensively covered the broader community, we have left out some people that we need to train to ensure they can effectively provide the services: we need to address law makers, government employments. • We don’t have the resources to target workplaces and supporting services. • There are gaps in geographical coverage. • There is still a lot of misinformation n HIV circulating in the community.

## **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:**

The respondents said that they thought that FSM has identified the essential elements of a comprehensive package of HIV & STI treatment care and support services. Each state has a physician and support team to help HIV+ in their community. Testing is available at many locations. However, one noted, that if a patient who is positive does not disclose, it is difficult. They also noted that it is a patient’s right to not disclose.

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

The emphasis was on the continuation of existing programs rather than ‘scaling 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:**

Strongly Agree

**Early infant diagnosis:**

Agree

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

Disagree

**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:**

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:**

Agree

**Sexually transmitted infection management:**

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:**

Strongly Agree

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

Strongly Agree

**Other [write in]:**

One respondent was not sure what support was provided in relation to TB preventive therapy for positive people, or TB screening for positive people; or PEP for victims of sexual assault or occupational exposure. Or whether Cotrimoxazole prophylaxis or nutritional support or treatment of common HIV-related infections for positive people is available

**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:**

The respondents said that FSM's Key achievement was that it had come “a long way” from no treatment in 2007 to treatment and services for free. “From not able, to able to” was how one respondent described it. • Treatment is available in hospitals and at some dispensaries. • Testing has increased dramatically for some STDs and can be done in-country. • Support for HIV+ is available.

**What challenges remain in this area:**

The challenge remains to maintain services and ensure quality and safe access: so people can easily come and go and to ensure friendly, accessible services. There is also the need to further expand testing services.

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

No

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

-

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

not applicable

**What challenges remain in this area:**

-

Source URL: <http://aidsreportingtool.unaids.org/73/micronesia-federated-states-report-hcpi>