

## Survey Response Details

### Response Information

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### User Information

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### Response Details

#### Page 1

**1) Country**

Sao Tome and Principe (0)

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

Alzira do Rosário (Coordenadora Nacional do PNLS)

**3) Postal address:**

BP 238 - Centro Nacional de Endemias

**4) Telephone:**

Please include country code

+239 9903627 +239 2241650

**5) Fax:**

Please include country code

+239

**6) E-mail:**

alzirarosario@hotmail.com

**7) Date of submission:**

Please enter in DD/MM/YYYY format

22/03/2010

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

As fichas/relatório dos Distritos Sanitários são preenchidos mensalmente pelos respectivos Responsáveis de Epidemiologia dos Distritos (RDEs), com base na recolha de informações no Centro de Saúde e em todos os Postos de saúde. Estes relatórios são confirmados/visados pelo Médico chefe do Distrito. A ficha sobre a segurança transfusional, é preenchida mensalmente pela

técnica do Banco de Sangue encarregue da mesma, sendo posteriormente visada pelo Responsável deste sector. Os relatórios das estruturas extra saúde (ONGs e outros Ministérios) são preenchidas trimestralmente e visadas pelos respectivos responsáveis. Todas as fichas supracitadas são encaminhadas para o PNLS e entregues à responsável de seguimento-avaliação, a qual procede à supervisão das mesmas. De seguida, são arquivadas em pastas específicas (fichas de saúde e fichas extra-saúde), sendo entregues ao técnico encarregue da introdução de dados, para este efeito. As fichas de testagem voluntária e de PTMF são enviadas à Saúde Reprodutiva Central, pelos Distritos Sanitários, e posteriormente são enviadas para o PNLS. No entanto, algumas das informações constantes nas referidas fichas são compiladas e incluídas, pelos RDEs, nas fichas dos Distritos Sanitários enviadas mensalmente ao Programa Nacional de SIDA. Os dados referentes aos indicadores de manejo de casos, são fornecidos pelos médicos responsáveis pelo seguimento das pessoas sob tratamento.

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

Alguns constrangimentos eram superados nos encontros com os diversos parceiros implicados no processo de fornecimento de dados

10)

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

Dificuldade de interpretação de informações existentes em alguns livros de registo de dados; Falta de informação de pessoas tratadas por IST e que foram aconselhadas a submeter-se ao teste de HIV; Chegada tardia/ausência dos relatórios mensais e trimestrais respectivamente por parte de alguns Distritos Sanitários e de algumas ONGs

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11)

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

|              | Organization                               | Names/Positions                             | Respondents to Part A<br>[Indicate which parts each respondent was queried on] |
|--------------|--|---|--|
| Respondent 1 | Programme National de Lutte Contre le Sida | Dr Alzira do Rosário,<br>Coordonatrice PNLS | A.I, A.II, A.III, A.IV, A.V  |

12)

|              | Organization                        | Names/Positions   | Respondents to Part A<br>[Indicate which parts each respondent was queried on] |
|--------------|-------------------------------------|---|--|
| Respondent 2 | PNLS                                | Dr Maria da Conceição Ferreira,<br>Coordonatrice Unité de Suivi et Evaluation | A.I, A.II, A.III, A.IV, A.V  |
| Respondent 3 | Ministère de L'Education            | Fernando Freitas, Coordonateur Programme Education en SSR                     | A.III  |
| Respondent 4 | Institut National de la Statistique | Dr Helder Salvaterra, Directeur des Statistiques Demographiques et Sociales   | A.III, A.V   |
| Respondent   | Programme de Santé de               | Elizabeth Gonçalves, Directrice   | A.III, A.IV, A.V   |

|               |   |                                |                       |
|---------------|---|--------------------------------|-----------------------|
| 5             | la Reproduction                                   |                                |                       |
| Respondent 6  | Programme National de Lutte Contre la Tuberculose | Dr Aleixo Pires, Coordonnateur | A.I, A.III, A.IV, A.V |
| Respondent 7  |   |                                |                       |
| Respondent 8  |   |                                |                       |
| Respondent 9  |   |                                |                       |
| Respondent 10 |   |                                |                       |
| Respondent 11 |   |                                |                       |
| Respondent 12 |   |                                |                       |
| Respondent 13 |   |                                |                       |
| Respondent 14 |   |                                |                       |
| Respondent 15 |   |                                |                       |
| Respondent 16 |   |                                |                       |
| Respondent 17 |   |                                |                       |
| Respondent 18 |   |                                |                       |
| Respondent 19 |   |                                |                       |
| Respondent 20 |   |                                |                       |
| Respondent 21 |   |                                |                       |
| Respondent 22 |   |                                |                       |
| Respondent 23 |   |                                |                       |
| Respondent 24 |   |                                |                       |
| Respondent 25 |   |                                |                       |

13)

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

| Organization Names/Positions |                                     | Respondents to Part B<br>[Indicate which parts each respondent was queried on] |
|------------------------------|-------------------------------------|--|
| Respondent 1                 | Alisei Mari Tiziano, Coordonnatrice | B.I, B.II, B.III   |

14)

|               | Organization Names/Positions |  | Respondents to Part B<br>[Indicate which parts each respondent was queried on] |
|---------------|------------------------------|--|--|
| Respondent 2  | Medicos do Mundo             | Rita Aleixo, Coordinnatrice                            | B.I, B.II, B.III   |
| Respondent 3  | ASPF                         | Dr Amado Vaz, Coordinnateur                            | B. II, B. III  |
| Respondent 4  | Zatona Adil                  | Dionisio Amado, Directeur                              | B.III  |
| Respondent 5  | Cruz Vermelha                | Dr Maria Tomé Palmer,                                  | B. III   |
| Respondent 6  | OMS                          | Dra Claudina Cruz, NPO/HIV                             | B.I, B.II, B.III, B.IV   |
| Respondent 7  | PAM                          | Diosgenes Cravid, responsable                          | B. IV  |
| Respondent 8  | PNUD/FG                      | Dr Mariano Castellon, Responsable Suivi&Evaluation VIH | B.I, B.II, B.III, B.IV   |
| Respondent 9  | UNICEF                       | Dr Luis Bonfin   | B. I, B. II, B. III, B. IV   |
| Respondent 10 |                              |  |  |
| Respondent 11 |                              |  |  |
| Respondent 12 |                              |  |  |
| Respondent 13 |                              |  |  |
| Respondent 14 |                              |  |  |
| Respondent 15 |                              |  |  |
| Respondent 16 |                              |  |  |
| Respondent 17 |                              |  |  |
| Respondent 18 |                              |  |  |
| Respondent 19 |                              |  |  |
| Respondent 20 |                              |  |  |
| Respondent 21 |                              |  |  |
| Respondent 22 |                              |  |  |
| Respondent 23 |                              |  |  |
| Respondent 24 |                              |  |  |
| Respondent 25 |                              |  |  |

15)

**Part A, Section I: STRATEGIC PLAN****1. Has the country developed a national multisectoral strategy to respond to HIV?****(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as the ones listed under 1.2)**

Yes (0)

**Page 7**16) **Part A, Section I: STRATEGIC PLAN****Question 1 (continued)****Period covered:**

2010-2014

17)

**1.1 How long has the country had a multisectoral strategy?****Number of Years**

5

18)

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

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

**Page 8**19) **Part A, Section I: STRATEGIC PLAN****Question 1.2 (continued)****If "Other" sectors are included, please specify:**

Ministère de la Justice

20)

**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?**

Avec l'appui d'autres partenaires multilateraux

**Page 9**

21)

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

**1.3 Does the multisectoral strategy address the following target populations, settings and crosscutting issues?**

| <b>Target populations</b>                    |     |
|--|-----|
| a. Women and girls                           | Yes |
| b. Young women/young men                     | Yes |
| c. Injecting drug users                      | No  |
| d. Men who have sex with men                 | No  |
| e. Sex workers                               | Yes |
| f. Orphans and other vulnerable children     | Yes |
| g. Other specific vulnerable subpopulations* | Yes |
| <b>Settings</b>                              |     |
| h. Workplace                                 | No  |
| i. Schools                                   | Yes |
| j. Prisons                                   | No  |
| <b>Cross-cutting issues</b>                  |     |
| k. HIV and poverty                           | Yes |
| l. Human rights protection                   | Yes |
| m. Involvement of people living with HIV     | Yes |
| n. Addressing stigma and discrimination      | Yes |
| o. Gender empowerment and/or gender equality | Yes |

22)

**1.4 Were target populations identified through a needs assessment?**

Yes (0)

**Page 10**

23)

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

**Question 1.4 (continued)**

**IF YES, when was this needs assessment conducted?**

Please enter the year in yyyy format

2007

**Page 11**

24)

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

femmes, hommes, jeunes et enfants vulnérables/orphelin et professionnels de sexe

25)

**1.6 Does the multisectoral strategy include an operational plan?**

Yes (0)

26)

**1.7 Does the multisectoral strategy or operational plan include:**

|   |     |
|---|-----|
| a. Formal programme goals?                                | Yes |
| b. Clear targets or milestones?                           | Yes |
| c. Detailed costs for each programmatic area?             | Yes |
| d. An indication of funding sources to support programme? | Yes |
| e. A monitoring and evaluation framework?                 | Yes |

27)

**1.8 Has the country ensured “full involvement and participation” of civil society\* in the development of the multisectoral strategy?**

Active involvement (0)

**Page 12**

28)

**Part A, Section I: STRATEGIC PLAN****Question 1.8 (continued)****IF active involvement, briefly explain how this was organised:**

Ils ont fait partie de l'équipe de élaborations du plan strategiqye, et ont été present lors de l'atelier de validation du plan

29)

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

Yes (0)

30)

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

Yes, all partners (0)

### Page 14

31)

#### Part A, Section I: STRATEGIC PLAN

**2. Has the country integrated HIV into its general development plans such as in: (a) National Development Plan; (b) Common Country Assessment / UN Development Assistance Framework; (c) Poverty Reduction Strategy; and (d) sector-wide approach?**

Yes (0)

### Page 15

32)

#### Part A, Section I: STRATEGIC PLAN

**2.1 IF YES, in which specific development plan(s) is support for HIV integrated?**

|  |     |
|--|-----|
| a. National Development Plan                                       | Yes |
| b. Common Country Assessment / UN Development Assistance Framework | Yes |
| c. Poverty Reduction Strategy                                      | Yes |
| d. Sector-wide approach  | Yes |
| e. Autres: Politique égalité de genre                              | Yes |

33)

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

| HIV-related area included in development plan(s)   |     |
|--|-----|
| HIV prevention   | Yes |
| Treatment for opportunistic infections   | Yes |
| Antiretroviral treatment   | Yes |
| Care and support (including social security or other schemes)                                    | Yes |
| HIV impact alleviation   | Yes |
| Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support | Yes |
| Reduction of income inequalities as they relate to HIV prevention/treatment, care and/or support | Yes |
| Reduction of stigma and discrimination   | Yes |
| Women's economic empowerment (e.g. access to credit, access to land, training)                   | Yes |
| Autres: insérer  |     |

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34)

#### Part A, Section I: STRATEGIC PLAN

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

No (0)

**Page 17**

35)

**4. Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?**

No (0)

**Page 19**

36)

**5. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations or other vulnerable subpopulations?**

Yes (0)

**Page 20**

37)

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

**5.1 IF YES, for which subpopulations?**

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

38)

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

La loi attend l'approbation de l'Assemblée Nationale

39)

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

Quelques aspect et points de loi sont appliquées au niveau social

**Page 21**

40)

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

**6. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations or other vulnerable subpopulations?**

No (0)

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41)

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

**7. Has the country followed up on commitments towards universal access made during the High-Level AIDS Review in June 2006?**

Yes (0)

**Page 24**

42)

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

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

Yes (0)

43)

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

Yes (0)

**Page 25**

44)

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

**7.3 Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?**

Estimates of current needs only (0)

45)

**7.4 Is HIV programme coverage being monitored?**

Yes (0)

**Page 26**

46)

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

Yes (0)

47)

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

Yes (0)

**Page 27**

48)

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

Hommes, femmes, jeunes, enfants, orphelins

49)

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

Pour faire des plaidoyer, insertion des actions sur les groupes plus affectés, et orienter des actions de sensibilisation pour changement de comportement

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50)

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

Yes (0)

**Page 29**

51)

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

52)

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

pour focaliser les actions vers les districts plus touchés

53)

**7.5 Has the country developed a plan to strengthen health systems, including infrastructure, human resources and capacities, and logistical systems to deliver drugs?**

No (0)

**Page 30**

54)

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

**Question 7.5 (continued)**

**Overall, how would you rate strategy planning efforts in the HIV programmes in 2009?**

8 (8)

55)

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

Mise en place de plan de suivi e evaluations, augmentation de sites de traitements, traitement de TB-VIH, renforcement de la securité nationale sanguine;

56)

**What are remaining challenges in this area:**

Equipement du laboratoire de référence, manque d'etudes de résistances, faible nombre de donneurs bénévoles; faible captation et/ou captation tardive des malades; faible captation et/ou captation tardive es femmes enceintes dans le cadre de PTFM, malgré une haute couverture pré-natal(environ 90%); Fort discrimination des PVVIH

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57)

**Part A, Section II: POLITICAL SUPPORT**

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

|   |     |
|---|-----|
| President/Head of government                | Yes |
| Other high officials                        | Yes |
| Other officials in regions and/or districts | Yes |

58)

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

Yes (0)

**Page 32**

59)

**2.1 IF YES, when was it created?**

Please enter the year in yyyy format

2005

60)

**2.2 IF YES, who is the Chair?**

|                |                                   |
|----------------|-----------------------------------|
| Name           | Fradique Bandeira Melo de Menezes |
| Position/title | Président de la Republique        |

61)

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

|   |     |
|---|-----|
| have terms of reference?  | Yes |
| have active government leadership and participation?  | Yes |
| have a defined membership?  | Yes |
| include civil society representatives?  | Yes |
| include people living with HIV?   | Yes |
| include the private sector?   | Yes |
| have an action plan?  | No  |
| have a functional Secretariat?  | No  |
| meet at least quarterly?  | No  |
| review actions on policy decisions regularly?   | No  |
| actively promote policy decisions?  | No  |
| provide opportunity for civil society to influence decision-making?   | No  |
| strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting? | No  |

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62)

**Part A, Section II: POLITICAL SUPPORT**

**Question 2.3 (continued)**

**If you answer "yes" to the question "does the National multisectoral AIDS coordination body have a defined membership", how many members?**

Please enter an integer greater than or equal to 1

25

63)

If you answer "yes" to the question "does the National multisectoral AIDS coordination body include civil society representatives", how many?

Please enter an integer greater than or equal to 1

8

64)

If you answer "yes" to the question "does the National multisectoral AIDS coordination body include people living with HIV", how many?

Please enter an integer greater than or equal to 1

2

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65)

**Part A, Section II: POLITICAL SUPPORT**

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

**Yes (0)****Page 35**

66)

**Part A, Section II: POLITICAL SUPPORT****Question 3 (continued)****IF YES, briefly describe the main achievements:**

presentation des propositions; suivi&amp;evaluations des programmes

67)

**Briefly describe the main challenges:**

manque d'un secretariat permanent

68)

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

Please enter the rounded percentage (0-100)

0

69)

**5. What kind of support does the National AIDS Commission (or equivalent) provide to**

### civil society organizations for the implementation of HIV-related activities?

|   |     |
|---|-----|
| Information on priority needs                           | Yes |
| Technical guidance                                      | Yes |
| Procurement and distribution of drugs or other supplies | Yes |
| Coordination with other implementing partners           | Yes |
| Capacity-building                                       | Yes |
| Autres: insérer   |     |

70)

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

No (0)

### Page 38

71)

#### Part A, Section II: POLITICAL SUPPORT

##### Question 6.1 (continued)

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

5 (5)

72)

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

Le PNLS continue a prendre l'initiative pour la realisations des activités qui sont dans le mandat du CNLS parce qu'elle n'a pas eu la possibilité d'assumer ses taches. Le CCM fait le suivi&evaluation et la mobilisation des ressources.

73)

**What are remaining challenges in this area:**

Le CNLS n'assume pas ses taches.

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74)

#### Part A, Section III: PREVENTION

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

Yes (0)

### Page 40

75)

**Part A, Section III: PREVENTION****1.1 IF YES, what key messages are explicitly promoted?**

Check for key message explicitly promoted (multiple options allowed)

- a. Be sexually abstinent (0)
- b. Delay sexual debut (0)
- c. Be faithful (0)
- d. Reduce the number of sexual partners (0)
- e. Use condoms consistently (0)
- i. Use clean needles and syringes (0)
- j. Fight against violence against women (0)
- k. Greater acceptance and involvement of people living with HIV (0)
- l. Greater involvement of men in reproductive health programmes (0)
- n. Know your HIV status (0)
- o. Prevent mother-to-child transmission of HIV (0)

76) In addition to the above mentioned, please specify other key messages explicitly promoted:

information où procurer un preservative, sensibilisation pour don de sang

77)

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

Yes (0)

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78)

**Part A, Section III: PREVENTION****2. Does the country have a policy or strategy promoting HIV-related reproductive and sexual health education for young people?**

Yes (0)

79)

**2.1 Is HIV education part of the curriculum in:**

primary schools? Yes  
 secondary schools? Yes  
 teacher training? Yes

80)

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

Yes (0)

81)

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

Yes (0)

82)

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

No (0)

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83)

**Part A, Section III: PREVENTION**

**Question 3 (continued)**

**IF NO, briefly explain:**

Il ya des activités avec les groupes mais pas de document de politique

#### Page 44

84)

**Part A, III. PREVENTION**

**Question 3.1 (continued)**

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

8 (8)

85)

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

Augmentation des postes de distribution gratuites de preservatives, augmentation des nombres des ONG's dans la distribution des presrvatives, augmentations des services de ATV's; renforcement du programme de PTMF; Formation des technicien de santé

86)

**What are remaining challenges in this area:**

ressource financier faibles, faibles adhesion de la population aux services de ATV'S, faible caption de femmes seropositives

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87)

**Part A, III. PREVENTION****4. Has the country identified specific needs for HIV prevention programmes?**

Yes (0)

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88)

**Part A, III. PREVENTION****Question 4 (continued)****IF YES, how were these specific needs determined?**

par rapport a la constatations des points faibles

89)

**4.1 To what extent has HIV prevention been implemented?**

The majority of people in need  
have access

**HIV prevention component**

|   |             |
|---|-------------|
| Blood safety  | Agree       |
| Universal precautions in health care settings   | Agree       |
| Prevention of mother-to-child transmission of HIV   | Agree       |
| IEC* on risk reduction  | Agree       |
| IEC* on stigma and discrimination reduction   | Agree       |
| Condom promotion  | Agree       |
| HIV testing and counselling   | Agree       |
| Harm reduction for injecting drug users   | N/A         |
| Risk reduction for men who have sex with men  | N/A         |
| Risk reduction for sex workers  | Agree       |
| Reproductive health services including sexually transmitted infections prevention and treatment | Agree       |
| School-based HIV education for young people   | Agree       |
| HIV prevention for out-of-school young people   | Don't agree |
| HIV prevention in the workplace   | Don't agree |
| Autres: insérer   |             |

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90)

**Part A, III. PREVENTION**

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

8 (8)

91)

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

Augmentation des postes de distribution gratuites de preservatives, augmentation des nombres des ONG's dans la distribution des preservatives, augmentations des services de ATV's; renforcement du programme de PTMF; Formation des technicien de santé

92)

**What are remaining challenges in this area:**

faibles ressources financiers; faible captation des femmes seropositives et faible adhesion de la populations aux services de ATV'S

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93)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT**

**1. Does the country have a policy or strategy to promote comprehensive HIV treatment, care and support? (Comprehensive care includes, but is not limited to, treatment, HIV testing and counselling, psychosocial care, and home and community-based care).**

Yes (0)

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94)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT**

**1.1 IF YES, does it address barriers for women?**

Yes (0)

95)

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

Yes (0)

96)

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

Yes (0)

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97)

#### Part A, Section IV: TREATMENT, CARE AND SUPPORT

##### Question 2 (continued)

##### IF YES, how were these determined?

La plus part des personnes infectées appartiennent aux groupes les plus pauvres.

98)

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

|   | The majority of people in need<br>have access |
|---|---|
| <b>HIV treatment, care and support service</b>  |   |
| Antiretroviral therapy  | Agree   |
| Nutritional care  | Agree   |
| Paediatric AIDS treatment   | Agree   |
| Sexually transmitted infection management   | Agree   |
| Psychosocial support for people living with HIV and their families                          | Agree   |
| Home-based care   | Don't agree                                   |
| Palliative care and treatment of common HIV-related infections                              | Agree   |
| HIV testing and counselling for TB patients   | Agree   |
| TB screening for HIV-infected people  | Agree   |
| TB preventive therapy for HIV-infected people   | Don't agree                                   |
| TB infection control in HIV treatment and care facilities                                   | Agree   |
| Cotrimoxazole prophylaxis in HIV-infected people  | Agree   |
| Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)                        | Agree   |
| HIV treatment services in the workplace or treatment referral systems through the workplace | Don't agree                                   |
| HIV care and support in the workplace (including alternative working arrangements)          | Don't agree                                   |
| Autres programmes: insérer  |   |

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99)

#### Part A, Section IV: TREATMENT, CARE AND SUPPORT

#### 3. Does the country have a policy for developing/using generic drugs or parallel importing of drugs for HIV?

No (0)

100)

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

No (0)

**Page 53**

101)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT**

**Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?**

7 (7)

102)

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

Traitement gratuit de toutes les personnes captées, mise en place de CD4 Augmentation de nombre de malades, introduction de médicaments de deuxième intention; traitement de co-infection; augmentation de nombre de partenaires qui disponibilise des médicaments

103)

**What are remaining challenges in this area:**

Perdu de vue, faible captation des malades, arrivée tardive des malades aux services; manque de teste de resistance aux ARV's

**Page 54**

104)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT**

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

No (0)

**Page 57**

105)

**Part A, Section V: MONITORING AND EVALUATION**

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

Yes (0)

**Page 58**

106)

**1.1 IF YES, years covered:**

**Please enter the start year in yyyy format below**

2010

107)

**1.1 IF YES, years covered:**

**Please enter the end year in yyyy format below**

2014

108)

**1.2 IF YES, was the M&E plan endorsed by key partners in M&E?**

Yes (0)

109)

**1.3 IF YES, was the M&E plan developed in consultation with civil society, including people living with HIV?**

Yes (0)

110)

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

Yes, most partners (0)

**Page 60**

111)

**Part A, Section V: MONITORING AND EVALUATION**

**2. Does the national Monitoring and Evaluation plan include?**

|   |     |
|---|-----|
| a data collection strategy  | Yes |
| a well-defined standardised set of indicators                       | Yes |
| guidelines on tools for data collection                             | Yes |
| a strategy for assessing data quality (i.e., validity, reliability) | Yes |
| a data analysis strategy  | Yes |
| a data dissemination and use strategy                               | Yes |

**Page 61**

112)

**Part A, Section V: MONITORING AND EVALUATION****Question 2 (continued)**

If you check "YES" indicating the national M&E plan include a data collection strategy, then does this data collection strategy address:

|                               |     |
|-------------------------------|-----|
| routine programme monitoring  | Yes |
| behavioural surveys           | Yes |
| HIV surveillance              | Yes |
| Evaluation / research studies | Yes |

113)

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

Yes (0)

**Page 62**

114)

**Part A, Section V: MONITORING AND EVALUATION****3.1 IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities?**

Please enter the rounded percentage (1-100). If the percentage is less than 1, please enter "1".

8

115)

**3.2 IF YES, has full funding been secured?**

No (0)

116)

**3.3 IF YES, are M&E expenditures being monitored?**

Yes (0)

**Page 64**

117)

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

No (0)

**Page 65**

118)

**IF NO, briefly describe how priorities for M&E are determined:**

compte tenu de la faiblesse du S&E national, le PNLS a élaboré et mis en place son systeme de suivi et évaluation

119)

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

Yes (0)

**Page 66**

120)

**5.1 IF YES, is the national M&E Unit based**

|  |            |
|--|------------|
| <p>in the National AIDS Commission (or equivalent)?</p> <p>in the Ministry of Health?</p> <p>ailleurs ? (PNLS)</p> | <p>Yes</p> |
|--|------------|

121) **Number of permanent staff:**

Please enter an integer greater than or equal to 0

4

122) **Number of temporary staff:**

Please enter an integer greater than or equal to 0

1

**Page 67**

123)

**Part A, Section V: MONITORING AND EVALUATION**

**Question 5.2 (continued)**

**Please describe the details of all the permanent staff:**

|                   | Position                        | Full time/Part time? | Since when? (please enter the year in yyyy format) |
|-------------------|---------------------------------|----------------------|--|
| Permanent staff 1 | Responsable S&E                 | Full time            | 2007   |
| Permanent staff 2 | Responsable Suivi Malades       | Full time            | 2007   |
| Permanent staff 3 | Responsable PTMF                | Full time            | 2007   |
| Permanent staff 4 | Responsable gestion des données | Full time            | 2006   |
| Permanent staff 5 |                                 |                      |  |
| Permanent staff 6 |                                 |                      |  |
| Permanent staff 7 |                                 |                      |  |

Permanent staff  
8  
Permanent staff 9  
Permanent staff  
10  
Permanent staff  
11  
Permanent staff  
12  
Permanent staff  
13  
Permanent staff  
14  
Permanent staff  
15

124)

**Please describe the details of all the temporary staff:**

|                    | Position                | Full time/Part time? | Since when?<br>(please enter the year in yyyy format) |
|--------------------|-------------------------|----------------------|---|
| Temporary staff 1  | Responsible S&E/FG/PNUD | Part time            | 2009  |
| Temporary staff 2  |                         |                      |   |
| Temporary staff 3  |                         |                      |   |
| Temporary staff 4  |                         |                      |   |
| Temporary staff 5  |                         |                      |   |
| Temporary staff 6  |                         |                      |   |
| Temporary staff 7  |                         |                      |   |
| Temporary staff 8  |                         |                      |   |
| Temporary staff 9  |                         |                      |   |
| Temporary staff 10 |                         |                      |   |
| Temporary staff 11 |                         |                      |   |
| Temporary staff 12 |                         |                      |   |
| Temporary staff 13 |                         |                      |   |
| Temporary staff 14 |                         |                      |   |
| Temporary staff 15 |                         |                      |   |

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125)

**Part A, Section V: MONITORING AND EVALUATION**

**5.3 IF YES, are there mechanisms in place to ensure that all major implementing partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?**

Yes (0)

**Page 69****126) Part A, Section V: MONITORING AND EVALUATION****Question 5.3 (continued)****IF YES, briefly describe the data-sharing mechanisms:**

Selon le manuel de procedures, il ya des partenaires que fourni les données dans des rapports mensuelles et trimestrielles. Des rencontres trimestrielles pour partage des données, et une rencontre annuelles avec toutes les partie prenantes

127)

**What are the major challenges?**

Arrivée tardives des rapports, Manque d'information dans certains livress de registres de consultation sur les nouveaux cas de IST, difficulté d'interpretation des information existantes dans les livres de registres de données,

**Page 70**

128)

**Part A, Section V: MONITORING AND EVALUATION****6. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?**

Yes, meets regularly (0)

129)

**6.1 Does it include representation from civil society?**

Yes (0)

**Page 71****130) Part A, Section V: MONITORING AND EVALUATION****Question 6.1 (continued)****IF YES, briefly describe who the representatives from civil society are and what their role is:**

Medicos do Mundo, Alisei, ASPF, PAM,Zatona: ils participent dans la production des données et dans les sessions de validation de données

131)

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

Yes (0)

**Page 72**

132)

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

Il ya de base de données en format Epiinfo et d'autres en Excel. Is sont geré par un gestionnaire de base de données

133)

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

Yes, all of the above (0)

**Page 73**

134)

**7.3 Is there a functional\* Health Information System?**

|                      |    |
|----------------------|----|
| At national level    | No |
| At subnational level | No |

**Page 74**

135)

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

Yes (0)

136)

**9. To what extent are M&E data used****9.1 in developing / revising the national AIDS strategy?:**

5 (5)

137)

**Provide a specific example:**

Les données sont utilisées pour l'elaboration du projet Fond Global, pour la revision du Plan Strategique;la planification operationel, controle et planification du stock des medicaments et autres consommables, la projection de estimation(spectrum et autres)etc.

138)

**What are the main challenges, if any?**

La productions des rapports est retardé a cause de l'arrive tardive des données a l'unité de suivi et

**Page 75****139) Part A, Section V: MONITORING AND EVALUATION****9.2 To what extent are M&E data used for resource allocation?**

5 (5)

140)

**Provide a specific example:**

Pour l'estimation des besoins en médicaments, et autres consommables,

**Page 76**

141)

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

5 (5)

142)

**Provide a specific example:**

Pour la revision du plan strategique, pour l'elaboratio du plan operationnel, suivi du stock

**Page 77****143) Part A, Section V: MONITORING AND EVALUATION****10. Is there a plan for increasing human capacity in M&E at national, subnational and service-delivery levels?:**

Yes, at all levels (0)

**Page 78**

144)

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

|  |    |
|--|----|
| At national level?                                 | No |
| At subnational level?                              | No |
| At service delivery level including civil society? | No |

**Page 80**

145)

**Part A, Section V: MONITORING AND EVALUATION****10.2 Were other M&E capacity-building activities conducted other than training?**

Yes (0)

**Page 81****146) Part A, Section V: MONITORING AND EVALUATION****Question 10.2 (continued)****IF YES, describe what types of activities:**

atelier de validation de données de 2009; reunion technique avec le staff du PNLS et FG sur les points faibles du S&E

**Page 82****147) Part A, Section V: MONITORING AND EVALUATION****Question 10.2 (continued)****Overall, how would you rate the M&E efforts of the HIV programme in 2009?**

8 (8)

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

Realisation de l'etude des sites sentinelles, realisation de l'enquête EDS

**149)****What are remaining challenges in this area:**

Manque de financement pour la realisation des etudes de comportement, et pour assurer la periodicité des études sentinelles

**Page 83****150)****Part B, Section I: HUMAN RIGHTS**

**1. Does the country have laws and regulations that protect people living with HIV against discrimination? (including both general non-discrimination provisions and provisions that specifically mention HIV, focus on schooling, housing, employment, health care etc.)**

Yes (0)

**Page 84**

151)

**Part B, Section I. HUMAN RIGHTS**

**1.1 IF YES, specify if HIV is specifically mentioned and how or if this is a general nondiscrimination provision:**

Il mentionné expressément

152)

**2. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations and other vulnerable subpopulations?**

No (0)

**Page 86**

153)

**Part B, Section I. HUMAN RIGHTS**

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

No (0)

**Page 88**

154)

**Part B, Section I. HUMAN RIGHTS**

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

Yes (0)

**Page 89**

155)

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

No (0)

**Page 90**

156)

**6. Has the Government, through political and financial support, involved people living with HIV, most-at-risk populations and/or other vulnerable subpopulations in governmental HIV-policy design and programme implementation?**

No (0)

Page 91

157)

**7. Does the country have a policy of free services for the following:**

- |   |     |
|---|-----|
| a. HIV prevention services                    | Yes |
| b. Antiretroviral treatment                   | Yes |
| c. HIV-related care and support interventions | No  |

Page 92

158)

**Part B, Section I. HUMAN RIGHTS**

**Question 7 (continued)**

**IF YES, given resource constraints, briefly describe what steps are in place to implement these policies and include information on any restrictions or barriers to access for different populations:**

Avec l'appui des partenaires Bilatéraux, et multilatéraux, y incluant le financement du Fond Mondial

159)

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

Yes (0)

Page 93

160)

**Part B, Section I. HUMAN RIGHTS**

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

Yes (0)

161)

**9. Does the country have a policy to ensure equal access for most-at-risk populations and/or other vulnerable subpopulations to HIV prevention, treatment, care and**

**support?**

No (0)

**Page 95**

162)

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

No (0)

163)

**11.Does the country have a policy to ensure that HIV research protocols involving human subjects are reviewed and approved by a national/local ethical review committee?**

Yes (0)

**Page 96**

164)

**Part B, Section I. HUMAN RIGHTS**

**11.1 IF YES, does the ethical review committee include representatives of civil society including people living with HIV?**

Yes (0)

165)

**IF YES, describe the approach and effectiveness of this review committee:**

La dernière enquête EDS 2008-2009, a tenu en compte cette politique. Un Comité d'ethique mis en place par le INE et Ministère de la Santé

**Page 97**

166)

**– 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 (0)

167)

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

No (0)

168)

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

No (0)

**Page 99**

169)

**Part B, Section I. HUMAN RIGHTS**

**13. In the last 2 years, have members of the judiciary (including labour courts/ employment tribunals) been trained/sensitized to HIV and human rights issues that may come up in the context of their work?**

No (0)

170)

**– Legal aid systems for HIV casework**

No (0)

171)

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

No (0)

172)

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

No (0)

173)

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

No (0)

**Page 101**

174)

**Part B, Section I. HUMAN RIGHTS**

**Question 15 (continued)**

**Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2009?**

3 (3)

175)

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

Création d'une lois de protection des PVVIH, qui n'est pas encore mis en place

176)

**What are remaining challenges in this area:**

Approbation de la lois

## Page 102

177)

**Part B, Section I. HUMAN RIGHTS**

**Question 15 (continued)**

**Overall, how would you rate the efforts to enforce the existing policies, laws and regulations in 2009?**

3 (3)

178)

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

Pas de réalisation, on attend l'approbation de la lois de protection des PVVIH, élaborée en 2007

179)

**What are remaining challenges in this area:**

L'approbation de la lois

## Page 103

180)

**Part B, Section II: CIVIL SOCIETY\* PARTICIPATION**

**1. To what extent has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?**

3 (3)

181)

**Comments and examples:**

Les ONG's on fait des plaidoyer auprès des dirigeants pour la prise de mesure de prevention de la transmission du VIH et de la protection de certains groupes vulnerables.

**Page 104**

182)

**Part B, Section II. CIVIL SOCIETY PARTICIPATION**

**2. To what extent have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?**

4 (4)

183)

**Comments and examples:**

-participation dans l'évaluation a mis-parcours du plan strategique national 2005-2009 et dans l'élaboration du plan 2010-2014

**Page 105**

184)

**a. the national AIDS strategy?**

3 (3)

185)

**b. the national AIDS budget?**

1 (1)

186)

**c. national AIDS reports?**

3 (3)

187)

**Comments and examples:**

-L'ONG, Instituto Marqués Valle Flor, contribue dans le fournissement de quelques ARV. -L'ONG ALISEI collabore dans la prevention de la transmission au sein des professionnels de sexe, -Les autres ONG's contribue dans la sensibilisation, prevention et formation

**Page 106**

188)

**a. developing the national M&E plan?**

4 (4)

189)

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

4 (4)

190)

**c. M&E efforts at local level?**

4 (4)

191)

**Comments and examples:**

- Les ONG's fournissent les rapports trimestrielles au PNLS, -L'ONG ALisei fait le suivi et évaluation des activités concernant les professionnels de sexe et de la distribution des préservatifs
- Participation des ONG's dans l'elaboration et validation du plan de S&E

**Page 107****192) Part B, Section II. CIVIL SOCIETY PARTICIPATION****5. To what extent is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. networks of people living with HIV, organizations of sex workers, faith-based organizations)?**

3 (3)

193)

**Comments and examples:**

- Les professionnelles de sexe sont organisées avec l'appuie d'une ONG, il existe l'association de PVVIH, - Il y a aussi un réseau des groupes religieux qui font les actions de sensibilisation et prevention de la transmission au sein de leurs groupes cibles

**Page 108**

194)

**a. adequate financial support to implement its HIV activities?**

2 (2)

195)

**b. adequate technical support to implement its HIV activities?**

2 (2)

196)

**Comments and examples:**

- La disponibilisation financière dans le pays pour les activités de VIH/SIDA n'est pas assez suffisante et pour cela l'accès pour la société civile est très reduite. -Il y a des ONG's(ASPF, Medicos do Mundo) qui sont specialisées en matière de controle de VIH/SIDA. Cependant pour les autres ONG's l'appuie technique n'est pas suffisant.

**Page 109****197) Part B, Section II. CIVIL SOCIETY PARTICIPATION**

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

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

**Page 110**

198)

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

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

7 (7)

199)

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

-Les ONG's sont bénéficiaires des financement du Fonds Mondial pour la realisations des activités de VIH/SIDA -Elles sont invitées par le gouvernement comme partenaires privilégiés dans l'élaboration des documents clés (Politique, Plan stratégique national 2010-2014, Plan S&E) - Elles sont partenaires privilégiés des Agences des Nations Unies pour la mise en oeuvre des activités de VIH/SIDA.

200)

**What are remaining challenges in this area:**

-Faible capacité financière et technique de la société civil -Faible intervention des associations de base communautaire -Nombre réduit des ONG's qui collaborent dans le programme de lutte contre le VIH/Sida -Forte discrimination par rapport aux PVVIH

**Page 111**

201)

**Part B, Section III: PREVENTION**

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

Yes (0)

**Page 112**

202)

**Part B, Section III: PREVENTION****Question 1 (continued)****IF YES, how were these specific needs determined?**

-Pendant l'évaluation a mis-parcours du plan stratégique national 2005-2009 et dans l'élaboration du plan strategique national 2010-2014

203)

**1.1 To what extent has HIV prevention been implemented?**

The majority of people in need  
have access

**HIV prevention component**

|   |             |
|---|-------------|
| Blood safety  | Agree       |
| Universal precautions in health care settings   | Agree       |
| Prevention of mother-to-child transmission of HIV   | Agree       |
| IEC* on risk reduction  | Agree       |
| IEC* on stigma and discrimination reduction   | Agree       |
| Condom promotion  | Agree       |
| HIV testing and counselling   | Agree       |
| Harm reduction for injecting drug users   | N/A         |
| Risk reduction for men who have sex with men  | N/A         |
| Risk reduction for sex workers  | Agree       |
| Reproductive health services including sexually transmitted infections prevention and treatment | Agree       |
| School-based HIV education for young people   | Agree       |
| HIV prevention for out-of-school young people   | Agree       |
| HIV prevention in the workplace   | Don't agree |
| Autres: insérer   |             |

**Page 113**

204)

**Part B, Section III: PREVENTION****Question 1.1 (continued)****Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?**

8 (8)

205)

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

-Élaboration de la politique national de transfusion de sang -Création d'une unité de protection contre la violence domestique -Création de 400 postes de distribution gratuit de preservatifs au niveau national -Formation de 100% des prestataires de santé de la reproduction dans le domaine d'ATV. -creation des sites sentinelles -Augmentation de unités de ATV's -Création d'une association des PVVIH -Organisations des professionnels de sexe

206)

**What are remaining challenges in this area:**

-faible adhésion de la population aux cabinets de ATV's -non fonctionnement de la CNLS(Comission Nationale de Lutte Contre le Sida) -Faible nombre de donneurs bénévole du sang -Activité de communication pour le changement de comportement sur l'utilisation de preservatif insuffisante. -La prevention du VIH est perçu seulement comme un problème du secteur de santé -Faible collaboration des autres secteurs et communauté dans la prevention du VIH

**Page 114**

207)

**Part B, Section IV: TREATMENT, CARE AND SUPPORT**

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

Yes (0)

**Page 115**

208)

**Part B, Section IV: TREATMENT, CARE AND SUPPORT**

**Question 1 (continued)**

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

-Pendant l'évaluation a mis-parcours du plan stratégique national 2005-2009 et dans l'élaboration du plan strategique national 2010-2014 -En fonctions des informations des sites sentinelles, EDS et unités de ATV's

209)

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

|   |       |
|---|-------|
| <b>The majority of people in need have access</b> |       |
| <b>HIV treatment, care and support service</b>    |       |
| Antiretroviral therapy                            | Agree |
| Nutritional care                                  | Agree |
| Paediatric AIDS treatment                         | Agree |

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

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210)

**Part B, Section IV: TREATMENT, CARE AND SUPPORT****Question 1.1 (continued)**

**Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?**

7 (7)

211)

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

-Introduction d'equipement CD4 -Traitement de la co-infection VIH-TB -Extension du traitement dans 6/7 districts -Formation du personnel -Accès a l'allaitement alternatif pour les enfants des mères seropositifs, assuré -Appuie alimentaire aux malades en traitement et aux OEV, -Appuie en materiels scolaires aux OEV -Amelioration de la coordination des interventions des partenaires du gouvernement dans la lutte contre le VIH/SIDA -Amelioration de la collaboration entre le Programme de Santé de Reproduction, de la Tuberculose avec le PNLs

212)

**What are remaining challenges in this area:**

-Forte stigma et discrimination ont constitué obstacles pour l'adhesion au traitement -Faible appui psychosocial aux PVVIH et leurs familles -Manque d'appui au domicile des PVVIH -Forte dépendence d'assistance technique externe pour la formation du personnel de santé chargé du traitement -Manque de test de resistance aux ARV

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**Part B, Section IV: TREATMENT, CARE AND SUPPORT**

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

No (0)