

Survey Response Details

Response Information

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Response Details

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1) Country

Cameroon (0)

2) 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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7) Date of submission:

Please enter in DD/MM/YYYY format

26/03/2010

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

Elle consiste à recueillir des données au moyen d'entretiens auprès des Informateurs Clés intervenant dans la lutte contre le Sida au Cameroun. Au préalable, une documentation exhaustive a été mise à la disposition du consultant pour exploitation. Il s'agissait de tous les documents de politiques, plans d'action et rapports disponible en matière de lutte et réponse au VIH et Sida. La

constitution d'un groupe restreint de travail, composée de représentants de services techniques, Ministère de la santé, GTC/CNLS, les PVVIH, les partenaires au développement et du consultant chargé de l'étude sur les ICPN, a permis l'élaboration du rapport narratif UNGASS et celui sur les ICPN. Le groupe restreint tenait des réunions de suivi hebdomadaires. Le rapport ICPN a fait l'objet d'échanges au cours de 02 réunions du groupe technique de suivi évaluation et d'un atelier de validation avec l'ensemble des partenaires impliqués. La collecte des données est faite à l'aide d'un questionnaire validé au niveau international. Ce questionnaire comprend deux parties : une partie A adressée aux responsables des secteurs publics et une partie B destinée aux représentants de la Société Civile, des Agences de coopération bilatérale et du Système des Nations Unies. a) Techniques de collecte La collecte proprement dite s'est faite par : - une prise de contact avec les responsables de la structure, dépôt du questionnaire et rendez-vous pour entretien ; - un entretien dirigé avec des personnes qui connaissent le mieux la question traitée. b) Méthodologie du traitement et de l'analyse des données Le traitement et l'analyse des données sont faits question par question. Dans chaque section, plusieurs informateurs-clés sont identifiés. Nous prenons la moyenne des réponses pour affecter à la situation nationale. Les commentaires concernant la concordance/divergence des réponses aux questions similaires figurant dans les parties A et B du questionnaire sont mentionnés dans le rapport de l'étude.

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

Il a été fait recours à la tenue de différentes réunions de suivi au cours desquelles il y a eu recherche de consensus. Ces réunions regroupaient les principaux acteurs ayant participé à l'enquête.

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

Il y a pas eu de problèmes majeurs au niveau de la qualité des données. Les informateurs clés et enquêtés font partie d'une base d'informateurs qui sont aux fins des interventions du programme.

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

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 1	DLM/MINSANTE	Dr Anne Cécile BISSEK	A.I, A.II, A.III, A.IV, A.V

12)

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 2	MINSUP	Mme MBEEME Viviane	A.I, A.II, A.III, A.IV, A.V
Respondent 3	MINDEF	Dr WANGMENE	A. I, A. II, A. III, A. IV, A. V
Respondent 4	GTC/CNLS	Dr BILLONG	A.I, A.II, A.III, A.IV, A.V
Respondent 5	GTC/CNLS	Dr ELAT	A. I, A. II, A. III, A. IV, A. V
Respondent 6	PNUD	Dr MAYER Magdaleine	

- 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 [Indicate which parts each respondent was queried on]
Respondent 1	Positive Génération	Mr FOGUE FOGUITO	B.I, B.II, B.III, B.IV

14)

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 2	RECAP+	Mr IROGO Michel	B.I, B.II, B.III, B.IV

Respondent 3	ESTHER Cameroun	Dr BOUBA BASSIROU	B.I, B.II, B.III, B.IV
Respondent 4	PNUD	Dr MAYER Magdaleine	B.I, B.II, B.III, B.IV
Respondent 5	UNIFEM	Mme ANYAGWE Clara	B.I, B.II, B.III, B.IV
Respondent 6	CARE CAMEROUN	Mme ANNE PERROT BIHINA	B.I, B.II, B.III, B.IV
Respondent 7	ACMS	Mme SALLA Annie	B.I, B.II, B.III, B.IV
Respondent 8	GTZ	Dr EPPEL GERT	B.I, B.II, B.III, B.IV
Respondent 9	GICAM	Dr MBINA	B.I, B.II, B.III, B.IV
Respondent 10	GICAM	Mr IBEL	B.I, B.II, B.III, B.IV
Respondent 11	Catholic Relief Services	Directeur des programmes	B.I, B.II, B.III, B.IV
Respondent 12	Synergies Campus	Mr MANGA Hilarion	B.I, B.II, B.III, B.IV
Respondent 13	Positive Génération	Mme Gisèle	B.I, B.II, B.III, B.IV
Respondent 14			
Respondent 15			
Respondent 16			
Respondent 17			
Respondent 18			
Respondent 19			
Respondent 20			
Respondent 21			
Respondent 22			
Respondent 23			
Respondent 24			
Respondent 25			

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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)

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16) Part A, Section I: STRATEGIC PLAN

Question 1 (continued)

Period covered:

2006-2010

17)

1.1 How long has the country had a multisectoral strategy?

Number of Years

10

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	Yes	Yes
Transportation	Yes	Yes
Military/Police	Yes	Yes
Women	Yes	Yes
Young people	Yes	Yes
Other*	Yes	Yes

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19) Part A, Section I: STRATEGIC PLAN

Question 1.2 (continued)

If "Other" sectors are included, please specify:

Mines et Energie, Finances , Planification, Affaires sociales, Tourisme, Relations Extérieurs, Communication, Agriculture

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20)

Part A, Section I: STRATEGIC PLAN

1.3 Does the multisectoral strategy address the following target populations, settings

and crosscutting issues?

Target populations	
a. Women and girls	Yes
b. Young women/young men	Yes
c. Injecting drug users	Yes
d. Men who have sex with men	Yes
e. Sex workers	Yes
f. Orphans and other vulnerable children	Yes
g. Other specific vulnerable subpopulations*	Yes
Settings	
h. Workplace	Yes
i. Schools	Yes
j. Prisons	Yes
Cross-cutting issues	
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

21)

1.4 Were target populations identified through a needs assessment?

Yes (0)

Page 10

22)

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

2005

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23)

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

jeunes et étudiants, femmes et femmes enceintes, professionnel(le)s du sexe, populations du secteur informel, hommes en tenue, camionneurs, travailleurs, OEV et PVVIH, réfugiés, populations incarcérées.

24)

1.6 Does the multisectoral strategy include an operational plan?

Yes (0)

25)

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

26)

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

27)

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

- La société civile est toujours associée à la préparation des processus, la mise en œuvre du processus (évaluation du plan national stratégique, estimation du GAP, élaboration du plan national de suivi- évaluation et du guide de suivi et évaluation. - Ayant été acteur dans la mise en œuvre du premier cadre stratégique 2000-2005, la société civile a participé à son évaluation, la détermination des priorités (objectifs, groupe cible et interventions) pour le plan 2006-2010. - Les organisations de la société civile ont également participé à toutes les réunions et ateliers d'élaboration du plan stratégique 2006-2010, du plan opérationnel, - La société civile a aussi participé au forum national d'adoption du plan stratégique et aux réunions nationales de validation du plan opérationnel et du guide de suivi évaluation.

28)

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

Yes (0)

29)

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

Yes, all partners (0)

Page 14

30)

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)

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31)

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	
e. Autres: insérer	

32)

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)	No
Autres: insérer	

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33)

Part A, Section I: STRATEGIC PLAN

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

Yes (0)

Page 17

34)

Part A, Section I: STRATEGIC PLAN**3.1 IF YES, to what extent has it informed resource allocation decisions?**

3 (3)

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)?

Yes (0)

Page 18

36)

Part A, Section I: STRATEGIC PLAN**4.1 IF YES, which of the following programmes have been implemented beyond the pilot stage to reach a significant proportion of the uniformed services?**

Behavioural change communication	Yes
Condom provision	Yes
HIV testing and counselling	Yes
Sexually transmitted infection services	Yes
Antiretroviral treatment	Yes
Care and support	Yes
Autres: insérer	

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37)

Part A, Section I: STRATEGIC PLAN**Question 4.1 (continued)****If HIV testing and counselling is provided to uniformed services, briefly describe the approach taken to HIV testing and counselling (e.g, indicate if HIV testing is voluntary or mandatory etc):**

Approche de dépistage harmonisé selon les étapes suivantes : conseil pré test ; test et conseil post-test - dépistage à l'entrée obligatoire - dépistage obligatoire pour le stage à l'intérieur - dépistage volontaire à visée diagnostique

38)

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

No (0)

Page 21

39)

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)

Page 23

40)

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

41)

Part A, Section I: STRATEGIC PLAN

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

Yes (0)

42)

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

Yes (0)

Page 25

43)

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 and future needs (0)

44)

7.4 Is HIV programme coverage being monitored?

Yes (0)

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45)

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

Yes (0)

46)

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

Yes (0)

Page 27

47)

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

- jeunes - adultes (femmes et hommes) - femmes enceintes - enfants

48)

Briefly explain how this information is used:

-elle est utilisée pour les rapports de progrès trimestriel du Fonds Mondial, -aussi, les fiches de collecte existent dans les CTA et UPEC

Page 2849) **Part A, Section I: STRATEGIC PLAN****Question 7.4 (continued)****(c) Is coverage monitored by geographical area?**

Yes (0)

Page 29

50)

Part A, Section I: STRATEGIC PLAN**Question 7.4 (c) (continued)**

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

- régional pour la thérapie antirétrovirale - district de santé pour la PTME

51)

Briefly explain how this information is used:

- elle est utilisée pour les différents rapports de progrès : Fonds Mondial (trimestriel), PTME (trimestriel), Rapport UNGASS Feuille de route du Ministère de la Santé Publique. - les fiches sont collectées au niveau des Groupes Techniques Régionaux de lutte contre le Sida

52)

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

Yes (0)

Page 30

53)

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)

54)

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

- Passage à échelle de la PTME, le conseil et dépistage du VIH, le traitement aux ARV, - Introduction de l'enseignement du VIH dans les curricula de l'enseignement primaire et secondaire

55)

What are remaining challenges in this area:

Inexistence des plans d'action opérationnels dans certains secteurs

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56)

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

57)

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

Yes (0)

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58)

2.1 IF YES, when was it created?

Please enter the year in yyyy format

1998

59)

2.2 IF YES, who is the Chair?

Name André MAMA FOU DA
 Position/title Ministre de la Santé Publique

60)

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?	Yes
have a functional Secretariat?	Yes
meet at least quarterly?	No
review actions on policy decisions regularly?	Yes
actively promote policy decisions ?	Yes
provide opportunity for civil society to influence decision-making?	Yes
strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?	Yes

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61)

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

60

62)

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

5

63)

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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64)

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)

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65)

Part A, Section II: POLITICAL SUPPORT

Question 3 (continued)

IF YES, briefly describe the main achievements:

- La lutte couvre les IST qui est mise en œuvre par une ONG, financée par le Fonds Mondial, appuyée par le Ministère de la Santé Publique et coordonnée par le CNLS. - Mobilisation et implication effective de plusieurs acteurs nationaux et internationaux. - Soumission des propositions au Fonds mondial - Supervisions conjointes des programmes sectoriels

66)

Briefly describe the main challenges:

- Divergences d'approche entre le Ministère de la Santé Publique et les ONGs sur certains points. - Faiblesse de la coordination des intervenants surtout au niveau opérationnel.

67)

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)

19

68)

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: Appui financier, Mise à disposition des matériels éducatifs, des préservatifs et des unités mobiles de dépistage VIH	Yes

69)

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

Yes (0)

Page 36

70)

Part A, Section II: POLITICAL SUPPORT

6.1 IF YES, were policies and laws amended to be consistent 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?

8 (8)

72)

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

- Gratuité des ARV, subvention des examens biologiques, du dépistage et du traitement des IO; -
Accroissement du budget national alloué à la lutte contre le VIH.

73)

What are remaining challenges in this area:

- Pérennisation des acquis de la lutte contre le sida - Appropriation de la lutte contre le Sida par les différents secteurs et collectivités locales décentralisées

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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)
- f. Engage in safe(r) sex (0)
- g. Avoid commercial sex (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)
- m. Males to get circumcised under medical supervision (0)
- n. Know your HIV status (0)
- o. Prevent mother-to-child transmission of HIV (0)

76)

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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77)

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)

78)

2.1 Is HIV education part of the curriculum in:

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

79)

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

Yes (0)

80)

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

Yes (0)

81)

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?

Yes (0)

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82)

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

Check which specific populations and elements are included in the policy/strategy

Targeted information on risk reduction and HIV education	Sex workers, Clients of sex workers, Prison inmates, Other populations
Stigma and discrimination reduction	Sex workers, Clients of sex workers, Prison inmates, Other populations
Condom promotion	Sex workers, Clients of sex workers, Prison inmates, Other populations
HIV testing and counselling	Sex workers, Clients of sex workers, Prison inmates, Other populations
Reproductive health, including sexually transmitted infections prevention and treatment	Sex workers, Clients of sex workers, Prison inmates, Other populations
Vulnerability reduction (e.g. income generation)	Sex workers, Clients of sex workers
Drug substitution therapy	
Needle & syringe exchange	

Page 43**83) Part A, III. PREVENTION****Question 3.1 (continued)**

You have checked one or more policy/strategy for "Other populations". Please specify what are "other populations".

Transporteurs Etudiants Hommes en tenue

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?

6 (6)

85)

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

- Promotion du préservatif féminin - Dépistage par unité mobile - Extension de la couverture des services de PTME

86)

What are remaining challenges in this area:

- Insuffisance de financements pour la prévention - Absence de stratégie appropriée pour atteindre les groupes les plus à risques - Absence de stratégie intégrée de communication pour la lutte contre le VIH à travers les medias et la communication de proximité - Insuffisance des financements des volets sécurité sanguine et prise en charge des IST

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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 le biais d'enquêtes spécifiques - par des analyses situationnelles

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	Agree
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	Agree
Autres: Les pratiques traditionnelles qui favorisent l'infection à VIH/Sida	Agree

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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?

6 (6)

91)

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

- Campagne de promotion du préservatif féminin - Dépistage par unité mobile - PTME à l'échelle

92)

What are remaining challenges in this area:

- Absence de stratégie appropriée pour atteindre les groupes les plus à risques - Absence de stratégie intégrée de communication pour la lutte contre le VIH à travers les medias et la communication de proximité - Insuffisance des financements des volets sécurité sanguine et prise en charge des IST

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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?**

- Utilisation des outils/logiciels d'estimation et projection - Etudes et recherches opérationnelles - Supervisions - Revues périodiques

98)

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

The majority of people in need
have access

HIV treatment, care and support service

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	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	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	Agree
HIV care and support in the workplace (including alternative working arrangements)	Agree
Autres programmes: Soutien à l'allaitement maternel	Agree

Page 51

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?**

Yes (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?

Yes (0)

Page 52

101)

Part A, Section IV: TREATMENT, CARE AND SUPPORT**Question 4 (continued)****IF YES, for which commodities?:**

Préservatifs

Page 53

102)

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?**

8 (8)

103)

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

- Décentralisation du traitement ARV jusqu'aux hôpitaux de district - Augmentation de la couverture géographique en PTME (et développement de la prise en charge pédiatrique)

104)

What are remaining challenges in this area:

- Utilisation effective des services de santé de la reproduction (CPN, SMI, SR..) - Amélioration de la qualité de la prise en charge et le suivi des patients - Amélioration de la gestion des médicaments et autres intrants - Renforcement du système de collecte et transmission des données - Maintenance des équipements et logistique

Page 54

105)

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?**

Yes (0)

Page 55

106)

Part A, Section IV: TREATMENT, CARE AND SUPPORT**5.1 IF YES, is there an operational definition for orphans and vulnerable children in the**

country?

Yes (0)

107)

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

Yes (0)

108)

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

Yes (0)

Page 56

109)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 5.3 (continued)

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

Please enter the rounded percentage (0-100)

20

110)

Overall, how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2009?

5 (5)

111)

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

- Amélioration du taux de recrutement et de la prise en charge des OEV

112)

What are remaining challenges in this area:

- Définition d'une stratégie sectorielle de la prise en charge des OEV - Améliorer la couverture des services de PEC des OEV - Mise en place du système juridique fonctionnel pour la protection des OEV

Page 57

113)

Part A, Section V: MONITORING AND EVALUATION

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

Yes (0)

Page 58

114)

1.1 IF YES, years covered:**Please enter the start year in yyyy format below**

2006

115)

1.1 IF YES, years covered:**Please enter the end year in yyyy format below**

2010

116)

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

Yes (0)

117)

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

Yes (0)

118)

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

Yes, all partners (0)

Page 60

119)

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

120)

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

121)

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

Yes (0)

Page 62

122)

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".

1

123)

3.2 IF YES, has full funding been secured?

No (0)

124)

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

Yes (0)

Page 64

125)

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

Yes (0)

Page 65

126)

Part A, Section V: MONITORING AND EVALUATION**Question 4 (continued)**

IF YES, briefly describe how often a national M&E assessment is conducted and what the assessment involves:

Dans le cadre de la revue du cadre stratégique de lutte contre le Sida (PSN)

127)

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

Yes (0)

Page 66

128)

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

in the National AIDS Commission (or equivalent)? Yes
in the Ministry of Health?
ailleurs ? (insérer)

129) Number of permanent staff:

Please enter an integer greater than or equal to 0

05

130) Number of temporary staff:

Please enter an integer greater than or equal to 0

0

Page 67

131)

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 Chef Section	Full time	2005
Permanent staff 2 Responsable S/E activités prise en charge ARV	Full time	2005
Permanent Responsable S/E des autres activités du secteur santé	Full time	2005

staff 3	(CDV, PTME, surveillance épidémiologique, etc.)	Full time	2005
Permanent staff 4	Responsable S/E activités prise en charge des OEV et activités des autres secteurs	Full time	2005
Permanent staff 5	Responsable de la gestion des intrants	Full time	2005
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			

Page 68

132)

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 69133) **Part A, Section V: MONITORING AND EVALUATION****Question 5.3 (continued)****IF YES, briefly describe the data-sharing mechanisms:**

- Réunions du Groupe Technique de Suivi-Evaluation - Réunions du Groupe de coordination des partenaires de la lutte contre le Sida (GCOP) - Réunions du CCM(Country Coordinating Mechanism)GFTAM - Réunions de l'Equipe conjointe du système des Nations Unies sur le VIH/Sida

134)

What are the major challenges?

- Appropriation du Suivi-Evaluation par les différents acteurs - Insuffisance des Systèmes d'information des différents secteurs - Intégration dans le système du S/E des différents secteurs -

Insuffisance des moyens financiers et logistiques - Insuffisance dans le domaine de renforcement de capacité des acteurs des secteurs concernés - La non réalisation des études, enquêtes et évaluation prévues.

Page 70

135)

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)

136)

6.1 Does it include representation from civil society?

Yes (0)

Page 71137) **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:

La base de données est constituée par les indicateurs nationaux, les indicateurs UNGASS, les rapports d'activités, d'étude réalisées, les plans de suivi du PSN et des partenaires. Les outils/logiciels suivants sont utilisés : Microsoft Excel, Access, CRIS, NASA/RTS, EPP/Spectrum. Ils sont gérés par la section Planification Suivi/Evaluation du GTC/CNLS

138)

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

Yes (0)

Page 72

139)

Part A, Section V: MONITORING AND EVALUATION

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

La base de données est constituée par les indicateurs nationaux, les indicateurs UNGASS, les rapports d'activités, d'étude réalisées, les plans de suivi du PSN et des partenaires. Les outils/logiciels suivants sont utilisés : Microsoft Excel, Access, CRIS, NASA/RTS, EPP/Spectrum. Ils sont gérés par la section Planification Suivi/Evaluation du GTC/CNLS

140)

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

141)

7.3 Is there a functional* Health Information System?

At national level	Yes
At subnational level	Yes

Page 74

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

For Question 7.2, you have checked "Yes, but only some of the above", please specify what the central database has included.

For Question 7.3, you have indicated "Yes" to "subnational level", please specify at what level(s)?

régional et district de santé

143)

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

Yes (0)

144)

9. To what extent are M&E data used

9.1 in developing / revising the national AIDS strategy?:

3 (3)

145)

Provide a specific example:

- Elaboration des requêtes de mobilisation de financement

146)

What are the main challenges, if any?

- insuffisance dans la promptitude et complétude; - la non désagrégation des données par cible, genre âge etc.. ; - insuffisance dans la définition de la taille et de concepts des populations les plus à risque ;

Page 75**147) Part A, Section V: MONITORING AND EVALUATION****9.2 To what extent are M&E data used for resource allocation?**

4 (4)

148)

Provide a specific example:

- Estimation des besoins en ARV et autres intrants

149)

What are the main challenges, if any?

- la disponibilité et la fiabilité des données - la complétude des données - la réalisation des études/enquêtes programmées

Page 76

150)

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

4 (4)

151)

Provide a specific example:

revues programmatiques (Ex. : PTME, TARV, OEV...)

152)

What are the main challenges, if any?

- L'organisation de revues sectorielles - La disponibilité des rapports sectoriels

Page 77**153) 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, but only addressing some levels (0)

Page 78

154) Part A, Section V: MONITORING AND EVALUATION

For Question 10, you have checked "Yes, but only addressing some levels", please specify

at national level (0)

at subnational level (0)

155)

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

At national level? Yes

At subnational level? Yes

At service delivery level including civil society? No

Page 79**156) Part A, Section V: MONITORING AND EVALUATION**

Question 10.1 (continued)

Please enter the number of people trained at national level.

Please enter an integer greater than 0

25

157) Please enter the number of people trained at subnational level.

Please enter an integer greater than 0

90

Page 80**158)**

Part A, Section V: MONITORING AND EVALUATION

10.2 Were other M&E capacity-building activities conducted other than training?

Yes (0)

Page 81**159) Part A, Section V: MONITORING AND EVALUATION**

Question 10.2 (continued)

IF YES, describe what types of activities:

Elaboration de documents de formation, installation de logiciels de transmission de données et d'analyse.

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160) 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?**

6 (6)

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

- Elaboration du module de formation sur le guide de suivi/évaluation - Elaboration du plan d'action 2008-2010 de suivi et évaluation du PSN - Elaboration du rapport accès universel 2008 - Elaboration des rapports annuels 2008 et 2009 - Analyse des gaps programmatiques et financiers dans le cadre de la soumission au 9ème appel du Fonds Mondial et appui à l'élaboration de la proposition - Etude d'évaluation de la mise en œuvre des trois principes (Three Ones) au Cameroun - Elaboration du rapport REDES 2007-2008 - Elaboration du rapport d'estimations et projections de l'épidémie - Elaboration des rapports de progrès TARV et PTME - Enquête NASA 2007 et 2008 - Réalisation de l'étude sur la surveillance sentinelle chez les femmes enceintes - Réalisation de l'enquête séro épidémiologique et comportementale sur le VIH/sida et la syphilis chez les travailleurs du sexe - Elaboration du rapport annuel 2008 des surveillances de la pharmaco résistance du VIH - Réalisation de l'étude sur le genre et VIH au Cameroun : analyse de situation - Formation sur CRIS - Création d'une base de données nationales

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

- Diffusion et dissémination des résultats et des outils. - Renforcement des capacités en ressources humaines (qualité et quantité)

Page 83**163)****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.)**

No (0)

Page 84**164)****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

165)

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

166)

Part B, Section I. HUMAN RIGHTS

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

No (0)

Page 89

167)

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

168)

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

169)

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 | Yes |

Page 92

170)

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:

Mesures prises pour la politique d'accès universel : la gratuité du dépistage chez les femmes enceintes, les enfants, les jeunes, les détenus et lors des campagnes de dépistage par les unités mobiles la gratuité des ARV et la subvention des examens de suivi biologique, la confirmation du Ministère de la Santé Publique d'un budget ARV pour contrepartie au Fonds Mondial pour les nouveaux patients VIH+ de 2010. Obstacles : la non observation systématique des gratuités ou des prix subventionnés au niveau des formations sanitaires (coûts informels imposés aux patients), insuffisance du suivi de la pratique de la gratuité des ARV sur le terrain, les coûts des examens restent une barrière ainsi que celui de certains traitements des infections opportunistes,

171)

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

172)

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)

173)

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?

Yes (0)

Page 94

174)

Part B, Section I. HUMAN RIGHTS**Question 9 (continued)**

IF YES, briefly describe the content of this policy:

- Offre de coût de dépistage du VIH à 500 FCFA et gratuité pour les femmes enceintes, les jeunes, les enfants et les prisonniers, - il n'y a pas d'exclusion en matière de recours aux soins. Mais la législation condamne certaines pratiques sexuelles (homosexualité, commerce du sexe), ce qui pourrait pousser à l'auto-exclusion de certains groupes ou minorités vulnérables.

175)

9.1 IF YES, does this policy include different types of approaches to ensure equal access for different most-at-risk populations and/or other vulnerable sub-populations?

Yes (0)

Page 95

176)

Part B, Section I. HUMAN RIGHTS

Question 9.1 (continued)

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

Les jeunes sont ciblés à travers les clubs de jeunes, en milieu scolaire et dans le cadre des programmes spécifiques aux jeunes tels que les campagnes « vacances sans sida » programme « Education à la vie et à l'amour » etc. Les femmes aussi sont ciblées à travers des programmes et interventions spécifiques en leur faveur tels que les campagnes de sensibilisation et de dépistage lors des journées commémoratives pour les femmes, la PTME et l'offre gratuit de conseil et du dépistage du VIH. Les orphelins et enfants vulnérables bénéficient de programmes spécifiques de soutien médical, nutritionnel, scolaire visant à atténuer l'impact du VIH et Sida.

177)

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

No (0)

178)

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)

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179)

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)

180)

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

- Ce comité d'éthique intervient dans l'évaluation des protocoles de recherche incluant les sujets humains afin de s'assurer que les aspects éthiques sont pris en compte. En cas d'avis favorable, il s'assure du suivi du respect des aspects éthiques lors de la réalisation de cette recherche.

Page 97

181)

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

Yes (0)

182)

– 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)

183)

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

No (0)

Page 99

184)

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)

185)

– Legal aid systems for HIV casework

No (0)

186)

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

No (0)

187)

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

Yes (0)

188)

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

Yes (0)

Page 100

189)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)

IF YES, what types of programmes?

Media	Yes
School education	Yes
Personalities regularly speaking out	Yes
Autres: par les témoignages à visage découvert, par des clubs scolaire et extrascolaire, par des initiatives diverses telles « vacances sans sida », par des causeries éducatives dans les associations de PVVS, les entreprises privées, par les associations disposant des programmes d'IEC	Yes

Page 101

190)

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)

191)

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

- Elaboration d'un draft de loi largement débattu par les acteurs de terrain

192)

What are remaining challenges in this area:

- Convaincre le parlement sur la nécessité de légiférer en matière de VIH/Sida. - Que le CNLS prenne ce domaine comme problème et l'intègre dans le plan stratégique national de lutte contre

le VIH. - Réviser le projet de texte de loi qui semble se focaliser sur les aspects de sanction/pénalisation de la transmission du VIH. - Des politiques, lois et règlements existants n'ont pas encore été révisés pour intégrer les aspects spécifiques liés au VIH et Sida.

Page 102

193)

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?

2 (2)

194)

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

- Création, par le Ministère de la Santé Publique, d'un comité ad-hoc de suivi de la lutte contre le VIH/sida par la société civile.

195)

What are remaining challenges in this area:

- Faire ressortir les volets de la stigmatisation, de la discrimination, la contamination volontaire, la protection des employés et des futurs chercheurs d'emploi dans les projets de textes et lois régissant le VIH. - Renforcement du comité ad-hoc de suivi de la société civile dans la réalisation des missions sur le terrain.

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196)

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?

4 (4)

197)

Comments and examples:

- Participation active à l'élaboration du plan stratégique et des plans opérationnels, ainsi qu'aux différents comités de suivi et même à la mise en œuvre de certaines activités. - La société civile participe à tous les niveaux de la conception, de la formulation et de la mise en œuvre des stratégies et politiques sur le VIH et de mobilisation des ressources.

Page 104

198)

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)?

5 (5)

199)

Comments and examples:

- Participation à toutes les étapes de l'évaluation du PNS 2000-2005 et d'élaboration du PSN 2006-2010. - Participation de la société civile à l'identification des interventions des plans d'action 2008 et 2009

Page 105

200)

a. the national AIDS strategy?

4 (4)

201)

b. the national AIDS budget?

2 (2)

202)

c. national AIDS reports?

4 (4)

Page 106

203)

a. developing the national M&E plan?

3 (3)

204)

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

3 (3)

205)

c. M&E efforts at local level?

3 (3)

Page 107

206) 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)?

4 (4)

207)

Comments and examples:

- Réseaux d'associations de PVVIH (RECAP+, CANEP, RAPAIC) • Associations des tradipraticiens, • Organisations confessionnelles (catholique, protestant, musulman) • Organisations professionnelles (ordre des pharmaciens, des médecins, etc.) • Organisations communautaires (FAWECAM, Horizon_femmes, etc.) • Organisations du patronat (GICAM), • Syndicats des travailleurs (CSTC, CTU, etc.) • Réseau des jeunes • Etc.

Page 108

208)

a. adequate financial support to implement its HIV activities?

3 (3)

209)

b. adequate technical support to implement its HIV activities?

3 (3)

210)

Comments and examples:

- L'insuffisance d'organisation de certaines associations entraîne les difficultés dans l'octroi des financements par les partenaires financiers (associations n'ayant pas de siège, associations familiales, etc.) • La société civile n'est pas bien organisée et n'arrive pas à parler d'une seule voix pour permettre leur totale implication dans l'élaboration des stratégies/politiques.

Page 109**211) 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	51-75%
Prevention for most-at-risk-populations	
- Injecting drug users	
- Men who have sex with men	<25%
- Sex workers	51-75%

Testing and Counselling	25-50%
Reduction of Stigma and Discrimination	>75%
Clinical services (ART/OI)*	<25%
Home-based care	51-75%
Programmes for OVC**	>75%

Page 110

212)

Part B, Section II. CIVIL SOCIETY PARTICIPATION**Question 7 (continued)****Overall, how would you rate the efforts to increase civil society participation in 2009?**

2 (2)

213)

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

- Forte implication de la société civile au sein du Country Coordinating Mechanism (CCM) du Fonds Mondial.

214)

What are remaining challenges in this area:

- Inscrire durablement les activités de la société civile dans des dispositifs de financements nationaux. - Formaliser l'encrage durable des agents relais communautaires dans les dispositifs des soins.

Page 111

215)

Part B, Section III: PREVENTION**1. Has the country identified the specific needs for HIV prevention programmes?**

Yes (0)

Page 112

216)

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

- Enquêtes, - Analyse de situation des missions d'évaluation démontrant l'insuffisance de la prise en compte de la jувénilisation, de la féminisation du VIH et des minorités sexuelles.

217)

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	Don't agree
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	Agree
Autres: Les pratiques traditionnelles qui favorisent l'infection à VIH/Sida	Agree

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218)

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?

6 (6)

219)

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

- Ciblage des jeunes pour les campagnes de dépistage du VIH. - Couverture géographique de la PTME

220)

What are remaining challenges in this area:

- Maintien à un rythme minimal des projets car pas de financement pour ce domaine de prévention du VIH depuis 2006. Pas de communication suffisante via les médias (TV, radio, presse) pour relayer les messages pratiqués à grande envergure. - Peu de projets sont soutenus dans ce domaine. - Prévention dans les groupes vulnérables (handicapés). - Renforcement des activités de prévention pour arrêter la chaîne de contamination. - Renforcement des interventions en direction des jeunes (filles et garçons).

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221)

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)

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222)

Part B, Section IV: TREATMENT, CARE AND SUPPORT**Question 1 (continued)****IF YES, how were these specific needs determined?**

- Analyse des GAP programmatiques, - Analyse de situation, suivi des interventions, notamment dans le domaine de l'accompagnement de l'aide à l'observance des traitements ARV et de la préparation à la mise sous traitement ARV, - Système de projection des besoins à 10 ans.

223)

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

	The majority of people in need have access
HIV treatment, care and support service	
Antiretroviral therapy	Agree
Nutritional care	Don't 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	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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224)

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?

8 (8)

225)

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

- Forte augmentation du nombre des patients sous traitement ARV. - Mise en route d'agents relais communautaires. - Gratuité ou réduction des coûts des soins.

226)

What are remaining challenges in this area:

- Indisponibilité des traitements pour les infections opportunistes, - Pas de vision à moyen et long terme sur la sécurisation de l'accès aux ARV et aux soins liés au VIH - Amélioration du suivi des patients et de l'observance au traitement ARV, - Décentralisation de la prise en charge par les traitements ARV, - Education des malades sur l'adhérence et l'observance au traitement ARV, - Les bilans thérapeutiques ne sont pas à la portée de tous les patients, - L'intégration tuberculose et VIH est insuffisante.

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227)

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?

Yes (0)

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228)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

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

Yes (0)

229)

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

Yes (0)

230)

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

Yes (0)

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231)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

Question 2.3 (continued)

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

Please enter the percentage (0-100)

20

232)

Overall, how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2009?

5 (5)

233)

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

- Amélioration du paquet minimum des services. - Forte implication de la société civile dans la mise en œuvre des programmes de soutien des OEV. - Mobilisation d'un important financement. - Renforcement des capacités des membres de la société civile.

234)

What are remaining challenges in this area:

- Meilleur ciblage des OEV, recherche-action pour démontrer la pertinence de l'intervention et lutte contre les pratiques transparentes ou la corruption dans le système.