

Survey Response Details

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Response Details

Page 1

1) Country

Guinea (0)

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

Dr Thierno Souleymane DIALLO

3) Postal address:

SE / CNLS GUINEE BP: 3534 KALOUM CONAKRY

4) Telephone:

Please include country code

+224 64315846/68505388

5) E-mail:

tsdiallo53@yahoo.fr

Page 3

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

Les données de l'ICNP ont été recueillies soit par la méthode d'interview (des points focaux VIH / sida, des prestataires de soins, des responsables administratifs et financiers, des charges de suivi / évaluation de programme ou des institutions publiques et non publiques, sélectionnées pour l'enquête), soit par consultation de leurs archives. Au total 26 Répondants (partie A) des institutions publiques dont 15 Sont Issus des directions, divisions, programmes et services rattachées au ministère de la Santé et de l'hygiène publique et 25 Répondants (partie B) des organisations de la société civile, organismes bilatéraux et les organisations du Système des Nations Unies.

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

Soumission des désaccords relatifs aux traitement des PVVIH et soutien aux OEV aux acteurs lors de l'atelier de validation. Il a été convenu de maintenir les opinions des deux parties dans le texte.

8)

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

les données du précédent ICPN, n'ont pas fait l'objet d'enquête repondont aux directives de l'UNGASS, comme ce fut le cas du présent ICPN à savoir: recrutement d'un enqueteur indépendant, large éventail des acteurs repondants (51 repondants: 26 de la partie publique et 25 n'ont publique), puis partage et validation des données recueillies avec les différents acteurs.

Page 4

9)

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	Secrétariat Exécutif du Comité National de Lutte Contre le Sida	Diallo Therno souleymane/Responsable Suivi et Evaluation	A.I, A.II, A.III, A.IV, A.V

10)

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 2	Centre National de Transfusion Sanguine	Kaba Kourouma/Chef de division	A.I, A.II, A.III, A.IV, A.V
Respondent 3	PNPCSP/IST/VIH/SIDA	Mouctar DIALLO/Coordonnateur National	A. I, A. II, A. III, A. IV, A. V
Respondent 4	DNISP	Hawa TOURE/Directrice Nationale Adjointe	A.I, A.II, A.III, A.IV, A.V
Respondent 5	Ministère de la défense Nationale	Mohamed-Lamine Diallo/Point focal VIH	A. I, A. II, A. III, A. IV, A. V
Respondent 6	Ministère des Transports	Hadja Halimatou Diallo/Point focal VIH	A.I, A.II, A.III
Respondent 7	Ministère du tourisme et de l'hôtellerie	Condé Sékou/Point focal VIH	A. I, A. II, A. III
Respondent 8	Ministère des télécommunications et des nouvelles technologies de l'information	Sayon Bangoura/Point focal VIH	A.III
Respondent 9	Ministère de l'économie et des finances	Boubacar Bhoje Barry/Point focal VIH	A. I, A. II
Respondent 10	Ministère de la justice	Hadja Mariama Daffé/Point focal VIH	A.I, A.II
Respondent 11	Ministère de l'enseignement supérieure et de la recherche scientifique	Abdoulaye Sow/Point focal VIH	A. III
Respondent 12	Ministère de l'enseignement pré-universitaire	Balla Camara/Point focal VIH	A.III

Respondent 13	Ministère de la jeunesse et des sport	HAÏD DIALLO/Point focal VIH	A. III
Respondent 14	Ministère des affaires sociales et de la promotion féminine	Mamadouba Soumah/Point focal VIH	A. IV
Respondent 15	Ministère de l'agriculture et de la pêche	Kèlètigui Mansaré/Point focal VIH	A. III
Respondent 16	LND	Mandjou Diakité/Directeur	A.I, A.II, A.IV
Respondent 17	INSP	Kovana Marcel Loua/Directeur	A. III, A. IV
Respondent 18	DNPL	Hariatou Bah/Directrice Nationale	A.IV
Respondent 19	DNEHS	Sah Dimio Sandouno	A. III
Respondent 20	PNLAT	Adama Marie Bangoura	A.III, A.IV
Respondent 21	INSE	Ibrahima Sory Diallo/Prestataire de soins	A. III, A. IV
Respondent 22	CMC Ratoma	Hana Diakité/Prestataire de soins	A.IV
Respondent 23	CHU I. Deen/Service de médecine interne	Ahmadou Lamarana Bah/Prestataire de soins	A. IV
Respondent 24	CHU Donka/Service de dermatologie	Mohamed Cissé/Chef de service	A.IV
Respondent 25	CHU Donka/Service de maladie infectieuses	Moumié Barry/Chef de service Adjoint	A. IV

11) **If the number of respondents to Part A is more than 25, please enter the rest of respondents for Part A in below box.**

26-Assemblée Nationale de la Guinée: Ahmed Tidjani Cissé / Point focal VIH (parties A1 et A2)

12)

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	ONUSIDA Marcos Sahlu/Coordonateur Pays	B.I, B.II, B.III, B.IV

13)

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 2	USAID/ Projet Faisons Ensemble	Thiam Aïssata Fofana/Responsable santé	B.I, B.II, B.III
Respondent 3	OMS	Abdoul Karim Diallo/Point focal VIH	B. I, B. II, B. III, B. IV

Respondent 4	UNICEF	Mamadou Bodié Diallo/Point focal VIH	B.I, B.II, B.III, B.IV
Respondent 5	PNUD	Sékou Oumar Diallo/Chargé de programme VIH	B. I, B. II, B. III, B. IV
Respondent 6	UNFPA	Aïssatou Condé/Chargée de programme VIH	B.III
Respondent 7	MSF- Belgique	Modeste Kivuvu/Responsable terrain	B. III, B. IV
Respondent 8	Dream	Maurice Sandouno/ Responsable	B.III, B.IV
Respondent 9	PSI guinée	Amadou Bella Diallo	B. III
Respondent 10	Solthis guinée	Aimé Kourouma/ Chef de mission par intérim	B.III, B.IV
Respondent 11	AGBF	Alexandre Delamou/Coordonnateur régional	B. I, B. II, B. III, B. IV
Respondent 12	Wafrica guinée	Mariama Tendrou Kamara/ Représentante	B.I, B.II, B.III
Respondent 13	FEG	Chérif Maimouna Diallo/Présidente	B. I, B. II, B. III, B. IV
Respondent 14	AFA	Mamady Kankan Camara	B.II, B.III, B.IV
Respondent 15	FENOSIGUI	Cheik Oumar Kouyaté/Trésorier	B. I, B. II, B. III, B. IV
Respondent 16	AIME	Billy Kolomou/Coordonnateur de projet	B.III, B.IV
Respondent 17	ROSIGUI	Mamadou Saliou Sow/Sécretaire administratif	B. I, B. II, B. III, B. IV
Respondent 18	GTZ	Alpha Ibrahima Diallo/Assistant technique	B.I, B.II, B.III, B.IV
Respondent 19	SIDALERTE	Ibrahima Diané/Coordonnateur	B. I, B. II, B. III, B. IV
Respondent 20	ASFEGMASSI	Mariama Ciré Kouyaté/Responsable PEC médicale	B.I, B.II, B.III, B.IV
Respondent 21	FELICA	Dougo Foster/Chargé de formation	B. I, B. II, B. III, B. IV
Respondent 22	Consultante Loi L 025	Mariama Camara/Juriste	B.I, B.II
Respondent 23	Chambre des mines	Sékou Yaya Diallo/Point focal VIH	B. I, B. II, B. III, B. IV
Respondent 24	FMG	Abou Aïssata Soumah/Coordonnateur par intérim	B.I, B.II, B.III, B.IV
Respondent 25	Regap+	Maimouna Diallo/ Présidente par intérim	B. I, B. II, B. III, B. IV

Page 5

14)

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

15) Part A, Section I: STRATEGIC PLAN

Question 1 (continued)

Period covered:

2003-2012

16)

1.1 How long has the country had a multisectoral strategy?

Number of Years

10

17)

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

Page 8

18) Part A, Section I: STRATEGIC PLAN

Question 1.2 (continued)

If "Other" sectors are included, please specify:

Pêche; Mines; Travaux public; Tourisme, Agriculture et Élevage; Commerce et Industrie; Defense; Sécurité; Finances

Page 9

19)

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	No
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

20)

1.4 Were target populations identified through a needs assessment?

Yes (0)

Page 10

21)

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

2003

Page 11

22)

Part A, Section I: STRATEGIC PLAN**1.5 What are the identified target populations for HIV programmes in the country?**Femmes/Filles; Jeunes;PS; Miniers; Hommes en uniforme; Transporteurs; Prisonniers; pêcheurs;
OEV

23)

1.6 Does the multisectoral strategy include an operational plan?

Yes (0)

24)

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

25)

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

26)

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

Tout le processus a fait l'objet d'un consensus avec toutes les parties prenantes (secteur public, société civile, syndicat, Paternaires techniques et financiers) à travers des travaux de groupes de plénières et d'ateliers de validation techniques.

27)

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

Yes (0)

28)

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

Yes, all partners (0)

Page 14

29)

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

30)

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: insérer	

31)

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	No
Reduction of stigma and discrimination	Yes
Women's economic empowerment (e.g. access to credit, access to land, training)	Yes
Autres: insérer	

Page 16

32)

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

33)

Part A, Section I: STRATEGIC PLAN

3.1 IF YES, to what extent has it informed resource allocation decisions?

2 (2)

34)

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

35)

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	

Page 19

36)

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):

Des CDV installés dans des garnisons militaires qui livrent des services volontaires. Pour le recrutement et l'octroi de bourse, il est obligatoire.

37)

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

38)

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	No
f. Prison inmates	Yes
g. Migrants/mobile populations	No
Autres: insérer	

39)

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

Les tribunaux et cour de justice Lois signées en 2009 mais non encore appliquées.

40)

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

Textes d'application en cours

Page 21

41)

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

42)

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

43)

Part A, Section I: STRATEGIC PLAN**7.1 Have the national strategy and national HIV budget been revised accordingly?**

Yes (0)

44)

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

Yes (0)

Page 25

45)

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)

46)

7.4 Is HIV programme coverage being monitored?

Yes (0)

Page 26

47)

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

Yes (0)

48)

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

Yes (0)

Page 27

49)

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

Hommes, femmes, jeunes, PS, Miniers, Routiers, Hommes en uniforme.

50)

Briefly explain how this information is used:

L'information utilisées pour la planification des interventions ciblées.

Page 2851) **Part A, Section I: STRATEGIC PLAN****Question 7.4 (continued)****(c) Is coverage monitored by geographical area?**

Yes (0)

Page 29

52)

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

Region, prefecture et sous préfecture

53)

Briefly explain how this information is used:

Les resultats de l'ESCOMB 2007 nous ont permis la planification stratégique 2008-2012.

54)

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

55)

Part A, Section I: STRATEGIC PLAN**Question 7.5 (continued)****Overall, how would you rate strategy planning efforts in the HIV programmes in 2009?**

4 (4)

56)

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

57)

What are remaining challenges in this area:

Non matérialisation du mécanisme de panier commun Rigidité des procédures Insuffisances des moyens financiers

Page 31

58)

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

59)

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

60)

2.1 IF YES, when was it created?

Please enter the year in yyyy format

2002

61)

2.2 IF YES, who is the Chair?

Name	Moussa Dadis CAMARA
Position/title	Président de la République

62)

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

Page 33

63)

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

37

64)

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

16

65)

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

Page 34

66)

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

67)

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

Planification, évaluation concertée du cadre stratégique national de lutte contre le VIH/Sida élaboré de commun accord

68)

Briefly describe the main challenges:

Absence du mécanisme de panier commun et de partage des rapports financiers Manque de coordination des activités

69)

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)

15

70)

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	

71)

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

72)

Part A, Section II: POLITICAL SUPPORT**6.1 IF YES, were policies and laws amended to be consistent with the National AIDS Control policies?**

Yes (0)

Page 37

73)

Part A, Section II: POLITICAL SUPPORT**Question 6.1 (continued)****IF YES, name and describe how the policies / laws were amended:**

La loi L 025 a été révisée par les juristes consultants en collaboration/concertation avec les le Regap+ (Réseau des associations des PVVIH) et toutes les parties prenantes. cette revision a aboutit à l'ordonnance 056/2009/PRG/SGG, signée par le Président de la République le 29 octobre 2009. A travers la ratification de la Convention relative aux droits des enfants, la loi sur l'éducation des enfants a été modifiée pour permettre de parler de sexualité au enfants en milieu scolaire au niveau elementaire et dans les campagnes de sensibilisation sur le VIH/sida.

74)

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

Néant

Page 38

75)

Part A, Section II: POLITICAL SUPPORT**Question 6.1 (continued)****Overall, how would you rate the political support for the HIV programmes in 2009?**

4 (4)

76)

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

Evaluation du CSN 2003-2007 Elaboration du CSN 2008-2012 de façon participative avec toutes les parties prenantes

77)

What are remaining challenges in this area:

Absence du mécanisme du panier commun Insuffisance de moyens financiers

Page 39

78)

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

79)

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)
- h. Abstain from injecting drugs (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)
- m. Males to get circumcised under medical supervision (0)
- n. Know your HIV status (0)
- o. Prevent mother-to-child transmission of HIV (0)

80)

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)

Page 41

81)

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)

82)

2.1 Is HIV education part of the curriculum in:

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

83)

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

Yes (0)

84)

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

Yes (0)

85)

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)

Page 42

86)

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
Stigma and discrimination reduction	Sex workers, Clients of sex workers, Prison inmates
Condom promotion	Sex workers, Clients of sex workers, Prison inmates
HIV testing and counselling	Sex workers, Clients of sex workers, Prison inmates
Reproductive health, including sexually transmitted infections	Sex workers, Clients of sex workers,

prevention and treatment
 Vulnerability reduction (e.g. income generation)
 Drug substitution therapy
 Needle & syringe exchange

Prison inmates
 Sex workers

Page 44

87)

Part A, III. PREVENTION

Question 3.1 (continued)

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

5 (5)

88)

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

Extension des sites CDV/PTME Amélioration de la sécurité transfusionnelle Augmentation du nombre de personnes dépistées Collaboration avec les tradipraticiens Elaboration et validation d'un curriculum pour l'enseignement du VIH/SIDA; Formation de 600 enseignants du supérieur à l'utilisation du curriculum Formation de 15436 enseignants du primaire et du secondaire sur l'enseignement du VIH

89)

What are remaining challenges in this area:

Insuffisance de moyens financiers et matériels Problème de visibilité des activités de prévention Tabous et préjugés liés au VIH/SIDA Manque d'enseignants formés sur le VIH dans les instituts privés d'enseignement Absence de budget de fonctionnement pour les points focaux VIH des ministères Manque de suivi et évaluation des activités de formation sur le VIH dans les écoles

Page 45

90)

Part A, III. PREVENTION

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

Yes (0)

Page 46

91)

Part A, III. PREVENTION

Question 4 (continued)

IF YES, how were these specific needs determined?

A travers: -L'Analyse situationnelle -L'Evaluation de CSN 2003-2007 -Le cadre stratégique national 2008-2012

92)

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	Agree
HIV prevention in the workplace	Agree
Autres: insérer	

Page 47

93)

Part A, III. PREVENTION

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

5 (5)

94)

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

Sensibilisation, information ciblée Implication des religieux dans les campagnes de sensibilisation
Extension des site CDV/PTME

95)

What are remaining challenges in this area:

Changement de comportement Insuffisance des moyens financiers Manque de coordination des
activités Faibles capacités techniques de certains acteurs notamment les ONGs

Page 48

96)

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)

Page 49

97)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1.1 IF YES, does it address barriers for women?

Yes (0)

98)

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

Yes (0)

99)

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

Yes (0)

Page 50

100)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 2 (continued)

IF YES, how were these determined?

Analyse situationnelle Cadre stratégique National 2008-2012 de lutte contre le VIH/Sida Evaluation du CSN 2003-2007

101)

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	Don't agree
Paediatric AIDS treatment	Don't 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	Don't 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)	Don't 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	

Page 51

102)

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)

103)

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

104)

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

ARV, Réactifs, médicaments contre les infections opportunistes, processus en cours

Page 53

105)

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?

5 (5)

106)

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

Couverture des ARV à 52% des PVVIH Gratuité des ARV,CD4 Décentralisation de la PEC à l'échelle nationale Création d'un centre de référence de la PTME au sein de l'hôpital national Donka

107)

What are remaining challenges in this area:

Rupture des ARV, réactifs et médicaments contre les I.O Faible capacité des sites PTME et de PEC Non intégration de la PEC psychosociale dans le continuum de soins Problème de suivi biologique des patients sous ARV

Page 54

108)

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

109)

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)

110)

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

Yes (0)

111)

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

Yes (0)

Page 56

112)

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)

54

113)

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

4 (4)

114)

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

Mise en place d'un plan d'action stratégique en faveur des OEV Implication des partenaires externes dans les actions en faveur des OEV Création d'un comité national de pilotage OEV Recensement des orphelins Appui scolaire et nutritionnel Introduction du volet OEV dans la politique de la petite enfance Développement d'un cadre stratégique pour la protection des OEV

115)

What are remaining challenges in this area:

Problème d'identification des OEV lié à la stigmatisation de l'infection à VIH Manque de synergie d'action entre les intervenants Insuffisance de moyens financiers Non fonctionnement du comité de pilotage OEV au niveau central Faible degré de sensibilisation de la population sur la problématique des OEV Méconnaissance par la plupart des intervenants des textes régissant le placement des OEV dans les institutions d'accueil

Page 57

116)

Part A, Section V: MONITORING AND EVALUATION**1. Does the country have *one* national Monitoring and Evaluation (M&E) plan?**

Yes (0)

Page 58

117)

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

2003

118)

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

2012

119)

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

Yes (0)

120)

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

Yes (0)

121)

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

122)

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

123)

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

124)

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

Yes (0)

Page 62

125)

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".

3

126)

3.2 IF YES, has full funding been secured?

Yes (0)

127)

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

Yes (0)

Page 64

128)

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

Yes (0)

Page 65

129)

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:

L'évaluation est annuelle. Elle est menée sur la base de la fonctionnalité des 12 composantes d'un bon système de suivi/évaluation

130)

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

Yes (0)

Page 66

131)

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)

132) **Number of permanent staff:**

Please enter an integer greater than or equal to 0
 2

133) **Number of temporary staff:**

Please enter an integer greater than or equal to 0
 0

Page 67

134)

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 d'unité	Full time	2002
Permanent staff 2	DATA manager	Full time	2005
Permanent staff 3			
Permanent staff 4			
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			

Page 68

135)

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

136)

Part A, Section V: MONITORING AND EVALUATION**Question 5.3 (continued)**

IF YES, briefly describe the data-sharing mechanisms:

Outil et indicateurs en voie d'harmonisation Circuit des données définies rythme de collecte défini
Le partage des données est fait à travers les réunions du comité technique multisectoriel de travail en suivi /évaluation et également à travers la retro information

137)

What are the major challenges?

insuffisance de ressources humaines en quantité et en qualité en suivi/évaluation Insuffisance de ressources financières allouées au suivi/ évaluation

Page 70

138)

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, but meets irregularly (0)

139)

6.1 Does it include representation from civil society?

Yes (0)

Page 71

140)

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:

Réseau de PVVIH, des jeunes, des femmes, les confessions religieuses, ONGs internationales, participent à la conception et validation des outils/indicateurs et transmission des rapports

141)

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

Yes (0)

Page 72

142)

Part A, Section V: MONITORING AND EVALUATION

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

Les données sont issues des rapports physiques et financiers des acteurs, transmis à l'unité de suivi /évaluation collectées à travers des outils de collecte harmonisés. La base de données est gérée par un administrateur recruté à temps plein au sein du Secrétariat Exécutif du CNLS

143)

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

144)

7.3 Is there a functional* Health Information System?

At national level	Yes
At subnational level	

Page 74

145)

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

Yes (0)

146)

9. To what extent are M&E data used

9.1 in developing / revising the national AIDS strategy?:

3 (3)

147)

Provide a specific example:

introduction dans le système de S-E des 12 composantes d'un bon système de S-E

148)

What are the main challenges, if any?

Insuffisance de ressources humaines qualifiées

Page 75**149) Part A, Section V: MONITORING AND EVALUATION****9.2 To what extent are M&E data used for resource allocation?**

3 (3)

150)

Provide a specific example:

lors de l'élaboration du CSN 2008-2012, le pourcentage du S-E du budget a été fixé à 3%; une révision du plan de suivi évaluation a été envisagé pour mieux budgetiser les 12 composantes inclus

151)

What are the main challenges, if any?

Insuffisance de ressources humaines qualifiées

Page 76

152)

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

3 (3)

153)

Provide a specific example:

lors de l'élaboration du CSN 2008-2012, le pourcentage du S-E du budget a été fixé à 3%; une révision du plan de suivi évaluation a été envisagé pour mieux budgetiser les 12 composantes inclus

154)

What are the main challenges, if any?

insuffisance de ressources humaines qualifiées Problème d'harmonisation des outils de collecte

Page 77**155) 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

156)

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

At national level?	Yes
At subnational level?	
At service delivery level including civil society?	

Page 79**157) 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

35

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:

Harmonisation des outils et indicateurs en cours Participation au forum international de S-E
Supervision intégrée

Page 82**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 avec toutes les parites prenantes d'un plan national unique de S-E incluant les 12 composantes; Budgétisation du plan S-E Augmentation du nombre de supervision des structure déconcentrées

162)

What are remaining challenges in this area:

Insuffisance des ressources humaines qualifiées Problème d'harmonisation des outils et d'alignement des partenaires Problème de coordination des activités Insuffisances de ressources financières

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.)

Yes (0)

Page 84

164)

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:

Le VIH est mentionné expressement

165)

2. Does the country have non-discrimination laws or regulations which specify

protections for most-at-risk populations and other vulnerable subpopulations?

Yes (0)

Page 85

166)

Part B, Section I. HUMAN RIGHTS**2.1 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. SexWorkers	No
f. prison inmates	Yes
g. Migrants/mobile populations	Yes
Autre: routiers, pêcheurs, miniers,	Yes

167)

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

Tribunaux et cours Existence de pénalités à différents niveaux

168)

Briefly describe the content of these laws:

Droit à la santé, à la protection, à l'éducation à la prévention

169)

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

La loi a été amendée, adoptée mais non encore appliquée

Page 86

170)

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

171) 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

172)

Part B, Section I. HUMAN RIGHTS**Question 4 (continued)**

IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:

Droit à la santé, aux soins, à l'accès à la prévention, à l'emploi, à la protection contre la stigmatisation et la discrimination

173)

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?

Yes (0)

Page 90

174)

Part B, Section I. HUMAN RIGHTS**Question 5 (continued)**

IF YES, briefly describe this mechanism:

- Existence d'études sur la discrimination des PVVIH - Analyse situationnelle sur les droits humains et le VIH

175)

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?

Yes (0)

Page 91

176)

Part B, Section I. HUMAN RIGHTS

Question 6 (continued)**IF YES, describe some examples:**

Participation active du Regap+ à l'élaboration du CSN 2008-2012 Le CNLS est présidé par le président de la République

177)

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

178)

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:

Arrêté pour la gratuité des ARV en 2007 Décentralisation de la PEC médicale Multiplication des sites CDV et PTME Obstacles: Rupture de stocks d'ARV, réactifs et médicaments contre les I.O et consommable Insuffisances de ressources financières

179)

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

180)

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)

181)

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

182)

Part B, Section I. HUMAN RIGHTS**Question 9 (continued)****IF YES, briefly describe the content of this policy:**

- Gratuité des ARV pour tous sans distinction de catégorie sociale - Accès pour tous au services de prévention, traitement, soins et soutiens

183)

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

184)

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:**

Mise en place des services de PEC des PVVIH en tenant compte de la prévalence par zone géographique; Mise en place des services adaptées à Conakry et dans les sites miniers; Approche syndromique dans la PEC des IST Gratuité des ARV pour tous sans distinction de catégorie sociale

185)

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

Yes (0)

186)

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

187)

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)

Page 97

188)

– 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)

189)

– 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)

190)

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

No (0)

Page 99

191)

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)

192)

– Legal aid systems for HIV casework

No (0)

193)

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

No (0)

194)

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

No (0)

195)

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

No (0)

Page 101

196)

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?

5 (5)

197)

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

Amendement de la Loi L025 pour le respect total des droits de la personne Signature de l'Ordonnance 056/2009/PRG/SGG par le Président de la République Revue du CSN 2003-2007 Elaboration du CSN 2008-2012

198)

What are remaining challenges in this area:

Problème de vulgarisation de l'Ordonnance N° 056/2009/PRG/SGG et de sensibilisation de la population Tabous, préjugés Position des religieux qui s'opposent à l'élaboration de loi pour la protection des droits des professionnels de sexe et des homosexuels Analphabétisme Instabilité socio-politique

Page 102

199)

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?

4 (4)

200)

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

Amendement de la Loi L025 pour le respect total des droits de la personne Signature de l'Ordonnance 056/2009/PRG/SGG par le Président de la République Revue du CSN 2003-2007 Elaboration du CSN 2008-2012

201)

What are remaining challenges in this area:

Problème de vulgarisation de l'Ordonnance N° 056/2009/PRG/SGG et de sensibilisation de la population Tabous, préjugés sur le VIH/Sida Position des religieux qui s'opposent à l'élaboration de loi pour la protection des droits des professionnels de sexe et des homosexuels
Analphabétisme Instabilité socio-politique

Page 103

202)

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)

203)

Comments and examples:

Participation active de la société civile à l'élaboration du CSN 2008-2012 Plaidoyer auprès des décideurs pour la gratuité des ARV Les témoignages des PVVIH à visage découvert ont suscité l'engagement des politiques Participation du Regap+ à l'élaboration de la Loi L 025 et à son amendement Participation active de la SC à l'élaboration du Round 9 du fonds global

Page 104

204)

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)

205)

Comments and examples:

Participation active de la société civile à l'élaboration du CSN 2008-2012 Plaidoyer auprès des décideurs pour la gratuité des ARV Les témoignages des PVVIH à visage découvert ont suscité l'engagement des politiques Participation du Regap+ à l'élaboration de la Loi L 025 et à son amendement Participation active de la SC à l'élaboration du roun9 du fonds global

Page 105

206)

a. the national AIDS strategy?

3 (3)

207)

b. the national AIDS budget?

1 (1)

208)

c. national AIDS reports?

2 (2)

209)

Comments and examples:

Faible implication de la société civile dans la PEC et le continuum de soins aux PVVIH
 Insuffisance des moyens financiers de la SC Faible capacité techniques des acteurs de la SC
 dans les activités de PEC et le continuum de soins aux PVVIH

Page 106

210)

a. developing the national M&E plan?

3 (3)

211)

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

2 (2)

212)

c. M&E efforts at local level?

2 (2)

213)

Comments and examples:

Faible capacité technique de la société civile en matière de S-E Faible implication des OSC dans les activités de Suivi/évaluation au niveau local décentralisé

Page 107**214) 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)

215)

Comments and examples:

Présence de plusieurs réseaux au sein du secteur de la SC: réseaux des associations des jeunes, femmes, PVVIH .. Difficulté d'identification des organisation des professionnels sexes
Absence de coordination des activités des OSC

Page 108

216)

a. adequate financial support to implement its HIV activities?

2 (2)

217)

b. adequate technical support to implement its HIV activities?

2 (2)

218)

Comments and examples:

Faible appui technique et financier en direction des OSC Difficulté d'accès des OSC aux ressources extérieures

Page 109

219) 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%
Prevention for most-at-risk-populations	
- Injecting drug users	<25%
- Men who have sex with men	<25%
- Sex workers	25-50%
Testing and Counselling	25-50%
Reduction of Stigma and Discrimination	<25%
Clinical services (ART/OI)*	<25%
Home-based care	>75%
Programmes for OVC**	25-50%

Page 110

220)

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

5 (5)

221)

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

"Participation active de la société civile à l'élaboration du CSN 2008-2012 Plaidoyer auprès des décideurs pour la gratuité des ARV Les témoignages des PVVIH à visage découvert ont suscité l'engagement des politiques Participation du Regap+ à l'élaboration de la Loi L 025 et à son amendement" Participation des OSC à l'élaboration du round 9 du fonds global

222)

What are remaining challenges in this area:

Instabilité socio-politique Insuffisance de moyens financiers des OSC Insuffisance des capacités techniques, organisationnelles, managériales des OSC Absence de coordination des activités des OSC Absence d'appui institutionnel en faveur des OSC

Page 111

223)

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

Yes (0)

Page 112

224)

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

A travers: Le CSN 2008-2012 L'analyse situationnelle Le round 9 du fonds global

225)

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	N/A
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	Don't agree
Risk reduction for men who have sex with men	Don't agree
Risk reduction for sex workers	Don't agree
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	Don't agree
HIV prevention for out-of-school young people	Don't agree
HIV prevention in the workplace	Don't agree
Autres: insérer	

Page 113

226)

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?

5 (5)

227)

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

Extension des sites PTME/CDV Cartographie des sites de prostitution (bar, hotels) Tabous et préjugés Analphabétisme

228)

What are remaining challenges in this area:

Faible couverture du territoire en site PTME et CDV Tabous et préjugés Analphabétisme Problème de financement des programmes de prévention

Page 114

229)

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

230)

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

Les besoins ont été déterminés en fonction des critères de l'OMS (15-20% des PVVIH)

231)

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	Don't 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	Don't 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)	Don't 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)	Don't agree
Autres: insérer	

Page 116

232)

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?**

4 (4)

233)

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

Nombre de personnes sous ARV est passé de 23% en 2007 à 52% en 2009 Gratuité des ARV en 2007 Gratuité de certains examens biologiques (le dépistage et CD4)

234)

What are remaining challenges in this area:

Rupture des stocks des ARV, médicaments contre les I.O et de réactifs Faiblesse de coordination des activités de PEC Problème d'harmonisation des outils et protocole Faiblesse de couverture de la PEC Plateau technique limité pour le suivi biologique et immunologique des patients sous ARV

Page 117

235)

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)

Page 118

236)

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)

237)

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

Yes (0)

238)

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

Yes (0)

Page 119

239)

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)

30

240)

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

3 (3)

241)

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

Don de fournitures scolaires et scolarisations des OEV Appui nutritionnel aux OEV Elaboration d'un cadre stratégique pour la protection des OEV Création d'un comité national de pilotage des actions en faveur des OEV Introduction du volet OEV dans la politique de la petite enfance

242)

What are remaining challenges in this area:

Problème d'identification des OEV lié à la discrimination et stigmatisation des OEV Faible pourcentage d'OEV qui bénéficient d'une assistane matérielle ou financière Manque de synergie d'action entre les intervenants Insuffisance des acteurs intervenant dans PEC des OEV Insuffisance des moyens financiers Faible degré de sensibilisation de la population sur la problématique des OEV Meconnaissance par la plupart des intervenants des textes régissant le placement des OEV dans les institutions d'accueil Non fonctionnement du comité national de pilotage des actions en faveur des OEV