

# Afghanistan Report NCPI

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## NCPI Header

**is indicator/topic relevant?:** Yes

**is data available?:** Yes

**Data measurement tool / source:** NCPI

**Other measurement tool / source:**

**From date:** 03/08/2014

**To date:** 03/25/2014

**Additional information related to entered data. e.g. reference to primary data source, methodological concerns::**

**Data related to this topic which does not fit into the indicator cells. Please specify methodology and reference to primary data source::**

**Data measurement tool / source:** GARPR

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**Describe the process used for NCPI data gathering and validation:** National AIDS Control Program (NACP) was decided to submit the Global AIDS Progress Response Report to the terms of 2011-2013. The NACP invited key stakeholder in meeting and discussed the plan on submitting GARPR report on Feb 25, 2014. One important agenda point was the NCPI and almost all participants agreed to complete the task due to date of submission of GARPR report. Through this meeting, the participants also agreed to contact 5 key informants for Part A, and 5 key informants for Part B and the number of contact will be increased if we do not reach to information saturation. Data was collected between March 08 and 25, 2014. Validation workshop separately conducted for part A and B to reach consensus on finding from interview. Each component of instrument e.g. strategic plan, political leadership ... reviewed question by question and diverse opinions were unified. The validated version then entered to online GARPR data base.

**Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:** There were some disagreements in some questions and rating. The workshop facilitator raised the question and facilitates argument. Equal chance was given to participants to share her/his point of view. Final decision took place on evident argument and in mutual agreement.

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

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

Organization	Names/Positions	Respondents to Part A
National AIDS Control Program	Dr. Mohammad Younus Bargami/NACP coordinator	A1,A2,A3,A4,A5,A6
National AIDS Control Program	Dr. Hussain Ali Yousufi/M&E, research, and surveillance consultant	A1,A2,A3,A4,A5,A6
ART Center	Dr. Mohammad Khan/ART Manager	A1,A2,A3,A4,A5,A6
Drug Demand Reduction, MoPH	Dr. Hamid Folad/Senior program advisor	A1,A2,A3,A4,A5
MMRD	Dr. Mohammad Qasim Sharafmal/Health Director	A1,A2

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

Organization	Names/Positions	Respondents to Part B
GIZ	Dr. Emal Safir/National Program Manager	B1,B2,B3,B4,B5
WHO	Dr. Lailuma Nuzhat/National Program Officer	B1,B2,B3,B4,B5
OTCD	Dr. Nasimullah Bawar/Country Program Director	B1,B2,B3,B4,B5
Human Right Commission	Dr. Soraya Sobhrang/Women Right Commissioner	B1,B2,B3,B4,B5
Nejat Center	Dr. Mohammad Tariq Sulaiman/Country Director	B1,B2,B3,B4,B5

### **A.I Strategic plan**

**1. Has the country developed a national multisectoral strategy to respond to HIV?:** Yes

**IF YES, what is the period covered:** 2011-2015

**IF YES, briefly describe key developments/modifications between the current national strategy and the prior one. IF NO or NOT APPLICABLE, briefly explain why.:** The strategy called National Strategic Framework (NSF II) was developed in close consultation with key stakeholders including governmental, non-governmental, donor, UN families, and people living with HIV and people who inject drug. Different sub working group e.g. prevention group, key affected population group, strategic information group, treatment care and support group were established and draft the strategy.

**IF YES, complete questions 1.1 through 1.10; IF NO, go to question 2.**

**1.1. Which government ministries or agencies have overall responsibility for the development and implementation of the national multi-sectoral strategy to respond to HIV?:** Ministry of Public Health

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

**Education:**

**Included in Strategy:** Yes

**Earmarked Budget:** Yes

**Health:**

**Included in Strategy:** Yes

**Earmarked Budget:** Yes

**Labour:**

**Included in Strategy:** Yes

**Earmarked Budget:** No

**Military/Police:**

**Included in Strategy:** Yes

**Earmarked Budget:** Yes

**Social Welfare:**

**Included in Strategy:** Yes

**Earmarked Budget:** Yes

**Transportation:**

**Included in Strategy:** Yes

**Earmarked Budget:** No

**Women:**

**Included in Strategy:** Yes

**Earmarked Budget:** No

**Young People:**

**Included in Strategy:** Yes

**Earmarked Budget:** Yes

**Other:**

**Included in Strategy:** No

**Earmarked Budget:** No

**IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specific activities?:** However almost all sectors listed above are included within NSF II but labor, transportation and women sector did not embark budget and related activities covered from other interventions such as conducting workshop for all three sector by National AIDS Control Program (NACP).

**1.3. Does the multisectoral strategy address the following key populations/other vulnerable populations, settings and cross-cutting issues?**

**KEY POPULATIONS AND OTHER VULNERABLE POPULATIONS:**

**Discordant couples:** Yes

**Elderly persons:** No

**Men who have sex with men:** Yes

**Migrants/mobile populations:** Yes

**Orphans and other vulnerable children:** Yes

**People with disabilities:** No

**People who inject drugs:** Yes

**Sex workers:** Yes

**Transgender people:** No

**Women and girls:** Yes

**Young women/young men:** Yes

**Other specific vulnerable subpopulations:** No

**SETTINGS:**

**Prisons:** Yes

**Schools:** Yes

**Workplace:** No

**CROSS-CUTTING ISSUES:**

**Addressing stigma and discrimination:** Yes

**Gender empowerment and/or gender equality:** No

**HIV and poverty:** No

**Human rights protection:** No

**Involvement of people living with HIV:** Yes

**IF NO, explain how key populations were identified?:** Based on different sources of information such as survey, routine reporting system, integrated biological and behavioral surveillance, ... the NSF II identified its key population and working. Current strategy did not address gender empowerment since the Gender Department addressed this issue in gender strategy.

**1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country?**

**People living with HIV:** Yes

**Men who have sex with men:** Yes

**Migrants/mobile populations:** Yes

**Orphans and other vulnerable children:** Yes

**People with disabilities:** No

**People who inject drugs:** Yes

**Prison inmates:** Yes

**Sex workers:** Yes

**Transgender people:** No

**Women and girls:** Yes

**Young women/young men:** Yes

**Other specific key populations/vulnerable subpopulations [write in]:**

: No

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

**1.6. Does the multisectoral strategy include an operational plan?:** Yes

**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 implementation?:** Yes

**e) A monitoring and evaluation framework?:** Yes

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

**IF ACTIVE INVOLVEMENT, briefly explain how this was organised.:**

**IF NO or MODERATE INVOLVEMENT, briefly explain why this was the case.:** Almost all civil societies including PLHIV and PWID were invited to contribute in strategy development. The level of contribution of some civil societies and PLHIV and PWID was not that much great.

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

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

**IF SOME PARTNERS or NO, briefly explain for which areas there is no alignment/harmonization and why:** The NSF II is mostly funded by different donors and each donors has its own mandate and only support those areas that are accordance to their mandate so some of activities do not harmonized across the development partners for example the World Bank do

support provision of ART and USAID does not support prison activities.

## 2.1. Has the country integrated HIV in the following specific development plans?

### SPECIFIC DEVELOPMENT PLANS:

**Common Country Assessment/UN Development Assistance Framework:** Yes

**National Development Plan:** Yes

**Poverty Reduction Strategy:** Yes

**National Social Protection Strategic Plan:** N/A

**Sector-wide approach:** N/A

**Other [write in]:** National Priority Plan (NPP)

: Yes

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

### HIV-RELATED AREA INCLUDED IN PLAN(S):

**Elimination of punitive laws:** No

**HIV impact alleviation (including palliative care for adults and children):** N/A

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

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

**Reduction of stigma and discrimination:** N/A

**Treatment, care, and support (including social protection or other schemes):** N/A

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

**Other [write in]:**

:

## 3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?: No

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

## 4. Does the country have a plan to strengthen health systems?: Yes

**Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications and children:** The Health System Strengthening HSS Grand

supporting has plan to establish reference laboratory, train health care providers and procuring CD 4 count machines.

## **5. Are health facilities providing HIV services integrated with other health services?**

- a) **HIV Counselling & Testing with Sexual & Reproductive Health:** Few
- b) **HIV Counselling & Testing and Tuberculosis:** Many
- c) **HIV Counselling & Testing and general outpatient care:** Few
- d) **HIV Counselling & Testing and chronic Non-Communicable Diseases:** None
- e) **ART and Tuberculosis:** Few
- f) **ART and general outpatient care:** None
- g) **ART and chronic Non-Communicable Diseases:** None
- h) **PMTCT with Antenatal Care/Maternal & Child Health:** Few
- i) **Other comments on HIV integration:** :

## **6. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate strategy planning efforts in your country's HIV programmes in 2013?: 7**

**Since 2011, what have been key achievements in this area:** 1. Since 2011, the NACP along with its strategic partner succeed to integrate HIV prevention services such as HIV testing and counseling into the Basic Package of health services (BPHS). 2. Series of meeting were conducted with different line ministries and consequently some of them put HIV as their mainstream particularly Ministry of counter Narcotic.

**What challenges remain in this area:** 1. Stigma and discrimination is still challenging program. 2. Lack of fund political supports and lacking supportive laws are area that considered as challenge to this program.

## **A.II Political support and leadership**

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

**A. Government ministers:** No

**B. Other high officials at sub-national level:** Yes

#### **1.1. In the last 12 months, have the head of government or other high officials taken action that demonstrated leadership in the response to HIV?: No**

**Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership:**

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

**IF NO, briefly explain why not and how HIV programmes are being managed::**

## **2.1. IF YES, does the national multisectoral HIV coordination body:**

**Have terms of reference?:** Yes

**Have active government leadership and participation?:** No

**Have an official chair person?:** Yes

**IF YES, what is his/her name and position title?:** Dr. Ahmad Jan Naeem, Deputy Minister of Public Health

**Have a defined membership?:** Yes

**IF YES, how many members?:** 57

**Include civil society representatives?:** Yes

**IF YES, how many?:** 19

**Include people living with HIV?:** Yes

**IF YES, how many?:** 2

**Include the private sector?:** Yes

**Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?:** Yes

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

**IF YES, briefly describe the main achievements::** 1. There was a mandatory rule that all foreigner workers who work within Afghanistan should be tested for HIV. The issue was discussed in HIV and AIDS Coordination Committee of Afghanistan (HACCA) and consequently decided to remove this mandatory rule. 2. Through such interaction between different key stakeholders, the level of stigma and discrimination has been reduced and now police acknowledge that drug users are patients not criminals.

**What challenges remain in this area::** 1. Law interpretation is a serious challenge and every one infers them to their own perspective. 2. However the level of stigma and discrimination has been reduced but still challenging us to implement and offer HIV related services. 3. OST implementation is still lacking political support and this is a challenge for us.

**4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?:** 80

**5. What kind of support does the National HIV Commission (or equivalent) provide to civil society organizations for the implementation of HIV-related activities?**

**Capacity-building:** Yes

**Coordination with other implementing partners:** Yes

**Information on priority needs:** Yes

**Procurement and distribution of medications or other supplies:** Yes



**Technical guidance:** Yes

**Other [write in]:**

: No

**6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National HIV Control policies?:** No

**6.1. IF YES, were policies and laws amended to be consistent with the National HIV Control policies?:** No

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

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

**7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the political support for the HIV programme in 2013?:** 4

**Since 2011, what have been key achievements in this area::** 1. Most of Ministers from line ministries participated in observing World AIDS Day each year and provide statement for audience participated in gathering. 2. Memorandum of understanding (MoUs) has been signed with key ministries such as Women Affairs, MMRD, Justice and Irshad, Haj and Auqaf.

**What challenges remain in this area::** 1. Politicians still do not consider HIV as a priority and do not pay attention to this issue. 2. NACP is operating under the MoPH framework and this issue sometimes shading the multi-sectorial approach.

### **A.III Human rights**

**1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable groups? Select yes if the policy specifies any of the following key populations and vulnerable groups:**

**People living with HIV:** No

**Men who have sex with men:** No

**Migrants/mobile populations:** No

**Orphans and other vulnerable children:** Yes

**People with disabilities:** No

**People who inject drugs:** No

**Prison inmates:** Yes

**Sex workers:** No

**Transgender people:** No

**Women and girls:** Yes

**Young women/young men:** Yes

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

: No

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

Yes

**IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws::** 1. There are some laws that are supporting no discrimination. For example in Act 52 of Afghanistan Consortium that says "The state shall provide free preventative healthcare and treatment of diseases as well as medical facilities to all citizens in accordance with the provisions the law. ...". 2. According to article number four of prohibition law against women that says "violence is crime, no one has the right to violate in their residence, governmental and non-governmental organization, public and other areas, if someone break the law they will receive punishment accordingly".

**Briefly explain what mechanisms are in place to ensure these laws are implemented::** The Afghanistan consortium in its article number 58 clearly stated that "to monitor respect for human rights in Afghanistan as well as to foster and protect it, the state shall establish the Independent Human Rights Commission of Afghanistan. Every individual shall complain to this Commission about the violation of personal human rights. The Commission shall refer human rights violations of individuals to legal authorities and assist them in defense of their rights. Organization and method of operation of the Commission shall be regulated by law". In addition to this committee, there is another committee in the State and parliament are bodies that monitoring law implementation.

**Briefly comment on the degree to which they are currently implemented::** Measuring the level of implementation is challenging and difficult issue to respond, but based on our experience and understanding from local context, almost 70% of these laws have been implemented.

**2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and vulnerable groups?:** Yes

**IF YES, for which key populations and vulnerable groups?:**

**People living with HIV:** No

**Elderly persons:** No

**Men who have sex with men:** Yes

**Migrants/mobile populations:** No

**Orphans and other vulnerable children:** No

**People with disabilities:** No

**People who inject drugs:** No

**Prison inmates:** No

**Sex workers:** Yes

**Transgender people:** Yes

**Women and girls:** No

**Young women/young men:** No

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

: No

**Briefly describe the content of these laws, regulations or policies:** The Afghanistan Consortium is derived from Sharia Law and based on Sharia Law MSM, Sex Work and Changing gender are prohibited.

**Briefly comment on how they pose barriers:** However, it is difficult to pose barriers particularly to activities as sex work or MSM that are strongly prohibited and not accepted socially, but some law and regulation do exist for example equal access to health services according to Afghanistan consortium and Afghanistan public health law.

## **A.IV Prevention**

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

**IF YES, what key messages are explicitly promoted?:**

**Delay sexual debut:** No

**Engage in safe(r) sex:** Yes

**Fight against violence against women:** Yes

**Greater acceptance and involvement of people living with HIV:** Yes

**Greater involvement of men in reproductive health programmes:** Yes

**Know your HIV status:** Yes

**Males to get circumcised under medical supervision:** No

**Prevent mother-to-child transmission of HIV:** Yes

**Promote greater equality between men and women:** Yes

**Reduce the number of sexual partners:** Yes

**Use clean needles and syringes:** Yes

**Use condoms consistently:** Yes

**Other [write in]:**

: Yes

**1.2. In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?:** No

**2. Does the country have a policy or strategy to promote life-skills based HIV education for young people?:** Yes

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

**Primary schools?:** No

**Secondary schools?:** Yes

**Teacher training?:** No

## **2.2. Does the strategy include**

**a) age-appropriate sexual and reproductive health elements?:** No

**b) gender-sensitive sexual and reproductive health elements?:** No

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

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

**Briefly describe the content of this policy or strategy::** HIV related preventive messages have been incorporated into school curriculum. In addition, leaflets, posters and other IEC material have been developed for key affected population such as PWID, FSW that are delivering different type of HIV preventive message.

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

**People who inject drugs:** Condom promotion, Drug substitution therapy, HIV testing and counseling, Needle & syringe exchange, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education

**Men who have sex with men:** Condom promotion, Drug substitution therapy, HIV testing and counseling, Needle & syringe exchange, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education

**Sex workers:** Condom promotion, Drug substitution therapy, HIV testing and counseling, Needle & syringe exchange, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education

**Customers of sex workers:** Condom promotion, Drug substitution therapy, HIV testing and counseling, Needle & syringe exchange, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education

**Prison inmates:** Condom promotion, Drug substitution therapy, HIV testing and counseling, Needle & syringe exchange, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education

**Other populations [write in]:**

:

**3.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate policy efforts in support of HIV prevention in 2013?:** 7

**Since 2011, what have been key achievements in this area::** 1. The coverage of PWID has been increased in four provinces of Afghanistan. 2. Infection prevention and universal precaution have been applying in almost all health facilities. 3. Blood safety has been promoted and all health facilities that provide transfusion are screening blood for Hep B and C, HIV and Syphilis. 4. Knowledge of people and key affect population on HIV has been increased.

**What challenges remain in this area:** 1. Coverage still low and limited to some selected major cities. It is challenging us to ensure equity to key affected population. 2. Size estimation of key affected population is still a challenge in order to plan HIV prevention program effectively.

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

**IF YES, how were these specific needs determined?:** The specific needs for key affected population determined based on available information such as surveys, routine information, ground experience and IBBS.

**IF YES, what are these specific needs? :** The identified needs are harm reduction interventions, risk reduction interventions, infection prevention, raising awareness, combat stigma and discrimination and information sharing.

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

**The majority of people in need have access to...:**

**Blood safety:** Agree

**Condom promotion:** Agree

**Economic support e.g. cash transfers:** Disagree

**Harm reduction for people who inject drugs:** Disagree

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

**HIV prevention in the workplace:** Strongly disagree

**HIV testing and counseling:** Agree

**IEC on risk reduction:** Agree

**IEC on stigma and discrimination reduction:** Agree

**Prevention of mother-to-child transmission of HIV:** Disagree

**Prevention for people living with HIV:** Agree

**Reproductive health services including sexually transmitted infections prevention and treatment:** Agree

**Risk reduction for intimate partners of key populations:** Disagree

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

**Risk reduction for sex workers:** Disagree

**Reduction of gender based violence:** Disagree

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

**Treatment as prevention:** Agree

**Universal precautions in health care settings:** Agree

**Other [write in]::**

:

**5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in implementation of HIV prevention programmes in 2013?:** 6

## **A.V Treatment, care and support**

**1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?:** Yes

**If YES, Briefly identify the elements and what has been prioritized:** The essential elements identified as treatment including ART and OI, counseling, social support, family support and provision of transport cost.

**Briefly identify how HIV treatment, care and support services are being scaled-up?:** However the level of scaling up of treatment, care and support is not great but based on information we receiving from different sources of information, we expanded the services to key affected population.

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

**The majority of people in need have access to...:**

**Antiretroviral therapy:** Agree

**ART for TB patients:** Agree

**Cotrimoxazole prophylaxis in people living with HIV:** Agree

**Early infant diagnosis:** N/A

**Economic support:** Disagree

**Family based care and support:** Disagree

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

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

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

**Nutritional care:** Disagree

**Paediatric AIDS treatment:** Agree

**Palliative care for children and adults Palliative care for children and adults:** Agree

**Post-delivery ART provision to women:** Agree

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

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

**Psychosocial support for people living with HIV and their families:** Agree

**Sexually transmitted infection management:** Agree

**TB infection control in HIV treatment and care facilities:** Agree

**TB preventive therapy for people living with HIV:** Agree

**TB screening for people living with HIV:** Agree

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

**Other [write in]:**

:

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

**Please clarify which social and economic support is provided:** Based on HIV policy and strategy, there are such kind of intervention e.g. provision of transportation, social re-integration, vocational training. By social integration the level of stigma and discrimination to some extent has been reduced.

**3. Does the country have a policy or strategy for developing/using generic medications or parallel importing of medications for HIV?:** Yes

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

**IF YES, for which commodities?:** OST, Condom, HIV test kits, ARV, Syringes Still we have some difficulties to procure OST.

**5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2013?:** 6

**Since 2011, what have been key achievements in this area?:** 1. Number AIDS has been increased based on WHO new recommendation on ARV eligibility. 2. Patient monitoring has been improved. 3. Provision of PMTCT 4. Improvement of patient adherence

**What challenges remain in this area?:** 1. Geographical limitation is challenge and there are only two centers that offer ARV services. Geographical expansion is a challenge.

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

**6.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?:** No

**6.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?:** No

**7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2013?:** 3

**Since 2011, what have been key achievements in this area::** Under the GF almost 75000 street children were covered to increase HIV awareness among them.

**What challenges remain in this area::** Lack of fund

## **A.VI Monitoring and evaluation**

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

**Briefly describe any challenges in development or implementation::** NO Challenge

**1.1. IF YES, years covered:** 2011-2015

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

**Briefly describe what the issues are::** No issue

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

**A data collection strategy:** Yes

**IF YES, does it address::**

**Behavioural surveys:** Yes

**Evaluation / research studies:** No

**HIV Drug resistance surveillance:** No

**HIV surveillance:** Yes

**Routine programme monitoring:** Yes

**A data analysis strategy:** Yes

**A data dissemination and use strategy:** Yes

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

**Guidelines on tools for data collection:** Yes

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

**3.1. IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities?:** 10

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

**Briefly describe any obstacles::** 1. Lack of data base and data quality for routine reporting system 2. Quality assurance



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

In the Ministry of Health?: No

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

Elsewhere?: No

If elsewhere, please specify:

#### 4.2. How many and what type of professional staff are working in the national M&E Unit?

POSITION [write in position titles]	Fulltime or Part-time?	Since when?
M&E and Surveillance Manager	Full-time	2011
M&E, surveillance and research consultant	Full-time	2012
Surveillance Officer	Full-time	2011
Surveillance Officer	Full-time	2010
GF M&E Expert	Full-time	2009
Data officer	Full-time	2013

POSITION [write in position titles]	Fulltime or Part-time?	Since when?
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#### 4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?: Yes

**Briefly describe the data-sharing mechanisms::** All HIV service delivery points has registration book. The service delivery points count their registers in monthly basis and then the report is sharing with HIV provincial coordinator at provincial level. The provincial coordinator then shares the information to central level in quarter basis. The central level providing feedbacks and finding is presenting in quarterly and annual workshop.

**What are the major challenges in this area::** Data crosscheck, timely submission of report and completeness of data are challenges.

#### 5. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?: Yes

#### 6. Is there a central national database with HIV- related data?: Yes

**IF YES, briefly describe the national database and who manages it.:** Only HIV case reporting data base is available. The M&E, research and surveillance consultant is responsible of its overall management. The provincial HIV coordinators are responsible to manage at provincial level.

#### 6.1. IF YES, does it include information about the content, key populations and geographical coverage of HIV services, as well as their implementing organizations?: No, none of the above

**IF YES, but only some of the above, which aspects does it include?:**

#### 6.2. Is there a functional Health Information System?

**At national level:** Yes

**At subnational level:** Yes

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

**7.1. Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?:** Estimates of Current Needs Only

**7.2. Is HIV programme coverage being monitored?:** Yes

**(a) IF YES, is coverage monitored by sex (male, female)?:** Yes

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

**IF YES, for which population groups?:** PWID, FSW, MSM, and Prisoners

**Briefly explain how this information is used::** The information is used for decision making process. Collected information is analyzed, feedback are given to stakeholders, sharing information through different coordination bodies such as HACCA and annual workshop.

**(c) Is coverage monitored by geographical area?:** Yes

**IF YES, at which geographical levels (provincial, district, other)?:** Just limited to capital cities at provincial level.

**Briefly explain how this information is used::** Information is collected through applying standard checklist and then it is analyzed and written feedbacks are given.

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

**9. How are M&E data used?**

**For programme improvement?:** Yes

**In developing / revising the national HIV response?:** Yes

**For resource allocation?:** Yes

**Other [write in]::**

: No

**Briefly provide specific examples of how M&E data are used, and the main challenges, if any::** The M&E data is mainly utilize the measure the performance and quality of services provided. In addition the risk behavior of key affected population is monitored. The result of special surveys and surveillance system had been utilized for fund raising and program expansion.

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

**At national level?:** No

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

**At subnational level?:** No

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

**At service delivery level including civil society?:** No

**IF YES, how many?:**

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

**IF YES, describe what types of activities:** Only database development training has been conducted.

**11. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the HIV-related monitoring and evaluation (M&E) in 2013?:** 6

**Since 2011, what have been key achievements in this area?:** 1. Online database for HIV case reporting has been developed. 2. Routine reporting system is strengthened. 3. Feedback system has been established. 4. Second round of IBBS, rapid assessment of western part of Afghanistan have been conducted

**What challenges remain in this area?:** 1. Size estimation of key affected population 2. Capacity development in central and provincial level

## **B.I Civil Society involvement**

**1. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?:** 4

**Comments and examples::** 1. The civil society (CS) contributed to strengthening political commitment and national strategy/policy formulation. For example, the ANDS and other key sectorial policies and strategies are developed in active participation of civil society institutions. In particular the civil society organizations have been involved in the process of NSF II and HIV policy development. 2. In most cases, representatives from civil societies do not have authority and do not supported by their higher authority. However, the National AIDS Control Program established a mechanism to contribute civil societies but still needs to be further strengthen.

**2. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?:** 3

**Comments and examples::** The CS representatives are involved in the planning and budgeting of NSFs. For example the development and revision of NSF for NACP, where a comprehensive working group consisting civil societies and PLHIV were involved and their inputs are very crucial to the program. However, this involvement in program budgeting was not great since usually government is responsible to determine budget.

**3. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") are the services provided by civil society in areas of HIV prevention, treatment, care and support included in:**

**a. The national HIV strategy?:** 3

**b. The national HIV budget?:** 3

**c. The national HIV reports?:** 4

**Comments and examples::** The National AIDS Control Program contracted out the majority of interventions to civil societies (CS). The CSs were participated in the development of HIV strategies and policy. Most of the projects are implemented by such organization. The NACP plays only monitoring and supervising and stewardship role in fighting against HIV in Afghanistan.

**4. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") is civil society included in the monitoring and evaluation (M&E) of the HIV response?**

**a. Developing the national M&E plan?:** 3

**b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?: 3**

**c. Participate in using data for decision-making?: 3**

**Comments and examples:** The civil societies are member of surveillance and M&E working group and review all reports related to M&E and surveillance. For routine reporting system, the civil societies and NACP work together and finalize the tool. NACP is greatly involved to provide technical assistance to civil societies.

**5. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, community based organisations , and faith-based organizations)?: 3**

**Comments and examples:** 1. There is national coordination called HIV and AIDS Coordination committee of Afghanistan which is very broad in structure and include different stakeholders such as civil societies, NGOs, PLHIV, PWID and representative from line ministries are member of this committee. 2. However, there is a diverse participation but they only attended the meeting and do not provide significant inputs particularly form PLHIV and PWID. Other target groups such as female sex workers and MSM did not participate in any meeting or workshop due to connected stigma and discrimination.

**6. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society able to access:**

**a. Adequate financial support to implement its HIV activities?: 3**

**b. Adequate technical support to implement its HIV activities?: 3**

**Comments and examples:** The civil societies have access to fund for program implementation from NACP. The NACP along with different key development partners such as WHO and UNAIDS provide technical assistance to civil societies. Still the level of access to fund and technical support is limited. Some of activities for some key affected population such as MSM and FSW are not sufficient.

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

**Prevention for key-populations:**

**People living with HIV:** <25%

**Men who have sex with men:** 51-75%

**People who inject drugs:** >75%

**Sex workers:** 51-75%

**Transgender people:**

**Palliative care :** 51-75%

**Testing and Counselling:** 51-75%

**Know your Rights/ Legal services:** <25%

**Reduction of Stigma and Discrimination:** 25-50%

**Clinical services (ART/OI):** <25%

**Home-based care:** <25%

**Programmes for OVC:** <25%

**8. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to increase civil society participation in 2013?:** 6

**Since 2011, what have been key achievements in this area?:** 1. Civil society has been involved in the entire task force and working group at NACP. For example, the surveillance working group, PMTCT task force, OST workshop, HTC training, workshop were forums that discussed the new WHO recommendation on ART guideline. 2. The civil societies are active member of HACCA and CCM Afghanistan.

**What challenges remain in this area?:** 1. Coordination and CS capacity building are still challenges. 2. Security is a big challenge against Civil Society efforts to this program 3. Since this program is mainly donor driven and interested program so its financial support in long term will be challenge this program.

## **B.II Political support and leadership**

**1. Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?:**

Yes

**IF YES, describe some examples of when and how this has happened::** Most of coordination and technical forums and working groups have members form PLHIV and PWID such as CCM, HACCA, M&E working group .... However the key affected populations were involved in the NSF II development and HIV policy formulation but the program they do not involve in program implementation.

## **B.III Human rights**

**1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable subpopulations? Circle yes if the policy specifies any of the following key populations:**

**KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:**

**People living with HIV:** No

**Men who have sex with men:** No

**Migrants/mobile populations:** No

**Orphans and other vulnerable children:** Yes

**People with disabilities:** Yes

**People who inject drugs:** No

**Prison inmates:** Yes

**Sex workers:** No

**Transgender people:** No

**Women and girls:** Yes

**Young women/young men:** Yes

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

: Yes

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

**IF YES to Question 1.1 or 1.2, briefly describe the contents of these laws::** 1. There are some laws that are supporting no discrimination. For example in Act 52 of Afghanistan Consortium that says "The state shall provide free preventative healthcare and treatment of diseases as well as medical facilities to all citizens in accordance with the provisions the law. ...". 2. According to article number four of prohibition law against women says that "violence is crime, no one has the right to violate in their residence, governmental and non-governmental organization, public and other areas, if someone break the law they will receive punishment accordingly". 3. According to article number 53 of Afghanistan consortium that says "The state shall adopt necessary measures to regulate medical services as well as financial aid to survivors of martyrs and missing persons, and for reintegration of the disabled and handicapped and their active participation in society, s in accordance with provisions of the law. The state shall guarantee the rights of retirees, and shall render necessary aid to the elderly, women without caretaker, disabled and handicapped as well as poor orphans, in accordance with provisions of the law" 4. According to article number 17 of Prison Law, there are several items identified to some non-discriminatory policies. One of them is provision of health services and clearly says that "Ministry of Justice and MoPH should establish function health center within all prisons; Health providers, in addition to the patient checkup and treatment, are responsible to examine routine health check form all prisoners at least once a month; Prison health facility should provide treatment within prison and detention centers; If treatment is not available within prison health center, the patient should refer out to external facilities; ...".

**Briefly explain what mechanisms are in place to ensure that these laws are implemented::** The Afghanistan consortium in its article number 58 clearly stated that "to monitor respect for human rights in Afghanistan as well as to foster and protect it, the state shall establish the Independent Human Rights Commission of Afghanistan. Every individual shall complain to this Commission about the violation of personal human rights. The Commission shall refer human rights violations of individuals to legal authorities and assist them in defense of their rights. Organization and method of operation of the Commission shall be regulated by law". In addition to this committee, there is another committee in the State and parliaments are bodies that monitoring law implementation.

**Briefly comment on the degree to which they are currently implemented::** 1. Since each institution has their own policy to implement law and regulation, I can say that almost 80% of these rule and regulation are implemented. 2. However there are law and regulation in place, but due to several factors particularly administrative corruption may prevent effective implementation of these rule and regulation.

**2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:** Yes

**2.1. IF YES, for which sub-populations?**

**KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:**

**People living with HIV:** No

**Men who have sex with men:** Yes

**Migrants/mobile populations:** No

**Orphans and other vulnerable children:** No

**People with disabilities:** No

**People who inject drugs:** No

**Prison inmates:** No

**Sex workers:** Yes

**Transgender people:** Yes

**Women and girls:** No

**Young women/young men:** No

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

: No

**Briefly describe the content of these laws, regulations or policies:** The Afghanistan Consortium is derived from Sharia Law and based on Sharia Law MSM, Sex Work and Changing gender are prohibited.

**Briefly comment on how they pose barriers:** However, it is difficult to pose barriers particularly to activities such as sex work or MSM that are strongly prohibited and not accepted socially, but some law and regulation do exist for example equal access to health services according to Afghanistan consortium and Afghanistan public health law. In addition, through advocacy and policy dialog with concerned authorities, the HIV control program posed these barriers.

**3. Does the country have a policy, law or regulation to reduce violence against women, including for example, victims of sexual assault or women living with HIV?:** Yes

**Briefly describe the content of the policy, law or regulation and the populations included.:** According to article number four of prohibition law against women says that "violence is crime, no one has the right to violate in their residence, governmental and non-governmental organization, public and other areas, if someone break the law they will receive punishment accordingly". In addition Afghanistan committed to the United Nations Security Council Resolution 1325, called upon all countries to allow increased representation for women at all levels.

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

**IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:** According to Afghanistan HIV code of ethics the human right issue is describe and says that "All persons seeking HIV prevention treatment, care, and support services should be treated with respect and have their well-being and security safeguarded; ...; and People living with HIV and AIDS will have the same rights as all other citizens, and will not be discriminated against or stigmatized on the basis of their HIV status, gender, socioeconomic status, or HIV-risk behaviors...".

**5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations and other vulnerable populations?:** No

**IF YES, briefly describe this mechanism:**

**6. Does the country have a policy or strategy of free services for the following? Indicate if these services are provided free-of-charge to all people, to some people or not at all (circle "yes" or "no" as applicable).**

**Antiretroviral treatment:**

**Provided free-of-charge to all people in the country:** Yes

**Provided free-of-charge to some people in the country:** No

**Provided, but only at a cost:** No

**HIV prevention services:**

**Provided free-of-charge to all people in the country:** Yes

**Provided free-of-charge to some people in the country:** No

**Provided, but only at a cost:** No

**HIV-related care and support interventions:**

**Provided free-of-charge to all people in the country:** Yes

**Provided free-of-charge to some people in the country:** No

**Provided, but only at a cost:** No

**If applicable, which populations have been identified as priority, and for which services?:** Two categories are identified as priority groups: PLHIV and PWID. Those PLHIV who are eligible for ART, the treatment including OI, care and support are provided free of charge through two ART centers that are located in Kabul and Herat. The second group is PWID who are provided the harm reduction services without any charge and fee. In addition vocational training was also provided to some of clients under the OST program.

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

**7.1. In particular, does the country have a policy or strategy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?:** Yes

**8. Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?:** Yes

**IF YES, Briefly describe the content of this policy/strategy and the populations included::** 1. People living with HIV and AIDS will have the same rights as all other citizens, and will not be discriminated against or stigmatized on the basis of their HIV status, gender, socioeconomic status, or HIV-risk behaviors. 2. The NSF II clearly specified the equal access to men and women. It also specifies services for children affected by AIDS.

**8.1. IF YES, does this policy/strategy include different types of approaches to ensure equal access for different key populations and/or other vulnerable sub-populations?:** Yes

**IF YES, briefly explain the different types of approaches to ensure equal access for different populations::** The multi-sectorial strategy address different approach to HIV prevention services such as harm reduction through fixed center and out-reach for PWID, provision of ART and OI to PLHIV who are eligible for ART and OI. For general population the program established VCT centers to offer HIV testing and counseling. For advocacy and inclusive purpose MoPH has signed MOU with different line ministries.

**9. Does the country have a policy or law prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?:** No

**IF YES, briefly describe the content of the policy or law::** However, most respondents state that there is no policy or law that prohibit HIV screening for general employment but if employer know people HIV status they will not recruit those individuals who have HIV.



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

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

**b. Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts:** No

**IF YES on any of the above questions, describe some examples::** Afghanistan Human Rights Commission is the institution that promotes and protects human rights as mechanism for human rights monitoring.

**11. In the last 2 years, have there been the following training and/or capacity-building activities:**

**a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)?:** Yes

**b. Programmes for members of the judiciary and law enforcement<sup>46</sup> on HIV and human rights issues that may come up in the context of their work?:** Yes

**12. Are the following legal support services available in the country?**

**a. Legal aid systems for HIV casework:** No

**b. Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV:** No

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

**IF YES, what types of programmes?:**

**Programmes for health care workers:** Yes

**Programmes for the media:** Yes

**Programmes in the work place:** Yes

**Other [write in]::**

: No

**14. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2013?:** 5

**Since 2011, what have been key achievements in this area::** Since 2011 gender strategy and human right strategies were developed and gender departments were established in almost all ministries.

**What challenges remain in this area::** Law and regulation due to some reasons are not fully implemented. In addition, unavailability of specific laws and regulation for key affected is another challenge in this particular domain.

**15. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the effort to implement human rights related policies, laws and regulations in 2013?:** 5

**Since 2011, what have been key achievements in this area?:** Again drafting and approval of violence against women law and drafting gender strategy at different governmental ministries.

**What challenges remain in this area?:** Law and regulation due to some reasons are not fully implemented. In addition, unavailability of specific laws and regulation for key affected is another challenge in this particular domain.

## **B.IV Prevention**

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

**IF YES, how were these specific needs determined?:** The specific needs for HIV prevention were identified through a gap analysis conducted for NSF II. In addition through series of meeting with key stakeholder and key affected population; and conducting rapid assessments in western part of Afghanistan these needs were identified.

**IF YES, what are these specific needs? :** a. PWID are the main driver of HIV here in Afghanistan so the harm reduction package is provided to PWID as preventive strategy. b. Targeted interventions for other key affected population such as MSM and FSWs also the needs that have been identified c. Raising awareness for general public using variety means of communication such as media, leaflet, poster, integration of HIV messages to the school curriculum are the needs for the general population.

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

**The majority of people in need have access to...:**

**Blood safety:** Agree

**Condom promotion:** Agree

**Harm reduction for people who inject drugs:** Agree

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

**HIV prevention in the workplace:** Disagree

**HIV testing and counseling:** Agree

**IEC on risk reduction:** Agree

**IEC on stigma and discrimination reduction:** Agree

**Prevention of mother-to-child transmission of HIV:** Agree

**Prevention for people living with HIV:** Agree

**Reproductive health services including sexually transmitted infections prevention and treatment:** Agree

**Risk reduction for intimate partners of key populations:** Agree

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

**Risk reduction for sex workers:** Agree

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

**Universal precautions in health care settings:** Disagree

**Other [write in]:**

:

**2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV prevention programmes in 2013?:** 6

**Since 2011, what have been key achievements in this area?:** 1. Establishment of VCTs and DICs centers around the country and implementation of harm reduction intervention among PWIDs 2. Signing of MoUs with line ministries, revision of NSF II, developing of NACP policy and guidelines, HTC, and ART guidelines are others achievement since 2011. 3. Targeted interventions for PWID, FSW and MSM and piloting OST could be other achievements.

**What challenges remain in this area?:** 1. The program low and no expansion to other part of country are challenge that we identified. 2. Lack of sufficient fund for intervention among FSW and MSM are challenging us to implement risk reduction interventions.

## **B.V Treatment, care and support**

**1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?:** Yes

**IF YES, Briefly identify the elements and what has been prioritized?:** Provision of ART, OI, harm reduction services, referral to TB screening, provision of transportation cost, and social integration are main elements of treatment, care and support of PLHIV.

**Briefly identify how HIV treatment, care and support services are being scaled-up?:** However, there are only two ART centers and most of PLHIV may not have access to them but currently the program support PLHIV providing them transportation cost has contributed adhering PLHIV in treatment. Patient monitoring also has improved and now patients trust the program.

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

**The majority of people in need have access to...:**

**Antiretroviral therapy:** Agree

**ART for TB patients:** Agree

**Cotrimoxazole prophylaxis in people living with HIV:** Agree

**Early infant diagnosis:** Disagree

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

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

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

**Nutritional care:** Disagree

**Paediatric AIDS treatment:** Agree

**Post-delivery ART provision to women:** Disagree

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

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

**Psychosocial support for people living with HIV and their families:** Agree

**Sexually transmitted infection management:** Agree

**TB infection control in HIV treatment and care facilities:** Agree

**TB preventive therapy for people living with HIV:** Agree

**TB screening for people living with HIV:** Agree

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

**Other [write in]:**

:

**1.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2013?:** 7

**Since 2011, what have been key achievements in this area?:** 1. Two ART centers functioned, more patient registered for treatment. Drugs are available to treat the patient. 2. Implementation of Harm Reduction package, securing funds from GF under TFM till end of 2015, support for NACP until 2018 from WB through SEHAT project. Also technical support of international partners such as UNAIDS, UNODC, WHO etc. are available to program.

**What challenges remain in this area?:** Geographic limitation to ART centers, poverty, illiteracy, and limited fund are challenge in this particular area.

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

**2.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?:** No

**2.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?:** No

**3. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2013?:** 7

**Since 2011, what have been key achievements in this area?:** 1. Provision of treatment to PLHIV. 2. Implementation of harm reduction package in community and prison settings, securing fund from GF under TFM till September 2015, support from WB and support from other international organizations.

**What challenges remain in this area?:** 1. Expansion of ART centers. 2. Programs are limited only in some selected cities 3. Insufficient fund