



Custom analysis extract of:

UNGASS - National Composite Policy Index (NCPI) 2007

West and Central Africa

Cameroon

COUNTRY:

Cameroon

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Date of submission:

29/01/2008

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:	Organisation	entral Technical Group, National AIDS Control Committee
:	Name/Position	Dr Ibile, Chief of Monitoring and Evaluation Section
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:	Organisation	entral Technical Group, National AIDS Control Committee

:	Name/Position	Dr Elat Jean Bosco, Senior Staff, Planning, Monitoring and Evaluation Section
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:	Organisation	Ministry of Basic Education, Yaoundé
:	Name/Position	Mrs AROGA Désiré, Sector Focal Person, HIV and AIDS
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II
:	Organisation	Ministry of Secondary Education, Yaoundé
:	Name/Position	Dr MBENA Carherine, Sector Focal Person, HIV and AIDS
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II
:	Organisation	Cameroon Radio abd Television Corporation
:	Name/Position	Mrs TCHONKO Becky Bissong, Journalist
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.II
:	Organisation	Centre Provincial Delagation of Public Health,
:	Name/Position	Provincial Delegate
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.II
:	Organisation	Ministry of Social Affairs
:	Name/Position	Mr Eloundou, Sector Focal Person, HIV and AIDS
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.II / A.III / A.IV
:	Organisation	Ministry of Women's Empowerment and the Family
:	Name/Position	Mr Bitomo Guillaume, Sector Focal Person, HIV and AIDS
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I
:	Organisation	Cité Verte District Hospital'treatment centre
:	Name/Position	Surveillant Général
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.IV

:	Organisation	Department of Disease Control, Ministry of Public Health
:	Name/Position	Dr BISSECK, Sub Director in charge of STI, HIV and AIDS
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.III / A.IV / A.V
:	Organisation	Country coordinating Mechanism, Global Fund
:	Name/Position	Mr ONANA Emmanuel, Monitoring and Evaluation Officer
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.V
:	Organisation	National Assembly
:	Name/Position	Mbah Ndam Joseph, Fourth vice President
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I
:	Organisation	Nat Work of Persons Living with HIV and AIDS(RECAP+)
:	Name/Position	Nathalie Noutchoussie, Executive Secretary
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II
:	Organisation	National Human Rights Commission
:	Name/Position	Lawyer Lagmia Sabum
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I
:	Organisation	United nations System
:	Name/Position	Nicole Massoud, UIAND Country Coordinator
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.III / B.IV
:	Organisation	CARE-Cameroon
:	Name/Position	Anne Perrot, Programme Manager
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.II
:	Organisation	Association camerounaise de Marketing Social
:	Name/Position	Dr Joumba, Permanent Secretary
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.II / B.III / B.IV
:	Organisation	GICAM

:	Name/Position	Director
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.II
:	Organisation	Institut de Recherche, Etudes Socio Comportemental
:	Name/Position	Njakou Eugene, Attaché au Representant
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.III / B.IV
:	Organisation	Provincial Delegation of Public Health
:	Name/Position	Provincial Delegate
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.III / B.IV
:	Organisation	Care and Health Programme
:	Name/Position	Alexis, Program officer
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.II / B.III
:	Organisation	Centers for Disease Control and Prevention, Mutengene
:	Name/Position	Dr Mossoko Jembia, Senior Scientist
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.III
:	Organisation	African Action on AIDS
:	Name/Position	Ruth Babela Engo, Program officer
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.II / B.III
:	Organisation	Association des freres et Soeurs Reunies
:	Name/Position	Coordinateur
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.IV
Position:		Unit Head
Position:	Full time/Part time	Full time
Position:	Since when?	2005
Position:		Monitoring and Evalaution Staff incharge of care and support to PLWHA
Position:	Full time/Part time	Full time
Position:	Since when?	2005

Position:		Monitoring and Evaluation Staff incharge of care and support to and activities of other sectors
Position:	Full time/Part time	Full time
Position:	Since when?	2005
Position:		Monitoring and Evaluation Staff incharge of VCT, PMTCT, epodemiological surveillance
Position:	Full time/Part time	Full time
Position:	Since when?	2005
Position:	Full time/Part time	Full time

1. Has the country developed a national multisectoral strategy/action framework to combat AIDS?

Yes

IF YES, period covered:

2006-2010

1.1 How long has the country had a multisectoral strategy/action framework?

7 years

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

Health:	Strategy/Action framework	Yes
Health:	Earmarked budget	Yes
Education:	Strategy/Action framework	Yes
Education:	Earmarked budget	Yes
Labour:	Strategy/Action framework	Yes
Labour:	Earmarked budget	Yes
Transportation:	Strategy/Action framework	Yes
Transportation:	Earmarked budget	Yes
Military/Police:	Strategy/Action framework	Yes
Military/Police:	Earmarked budget	Yes
Women:	Strategy/Action framework	Yes
Women:	Earmarked budget	Yes
Young people:	Strategy/Action framework	Yes
Young people:	Earmarked budget	Yes
Agriculture:	Strategy/Action framework	Yes
Agriculture:	Earmarked budget	Yes
Finance:	Strategy/Action framework	Yes
Finance:	Earmarked budget	Yes
Human Resources:	Strategy/Action framework	Yes
Human Resources:	Earmarked budget	Yes
Justice:	Strategy/Action framework	Yes
Justice:	Earmarked budget	Yes
Minerals and Energy:	Strategy/Action framework	Yes
Minerals and Energy:	Earmarked budget	Yes
Planning:	Strategy/Action framework	Yes
Planning:	Earmarked budget	Yes
Public Works:	Strategy/Action framework	Yes
Public Works:	Earmarked budget	Yes
Tourism:	Strategy/Action framework	Yes
Tourism:	Earmarked budget	Yes
Trade and Industry:	Strategy/Action framework	Yes
Trade and Industry:	Earmarked budget	Yes
Other*::	Strategy/Action framework	Yes
Other*::	Earmarked budget	Yes

1.3 Does the multisectoral strategy/action framework address the following target populations, settings and cross-cutting issues?

a. Women and girls:	Yes
b. Young women/young men:	Yes
c. Specific vulnerable sub-populations:	Yes
d. Orphans and other vulnerable children:	Yes
e. Workplace:	Yes
f. Schools:	Yes
g. Prisons:	Yes
h. HIV, AIDS and poverty:	Yes
i. Human rights protection:	Yes
j. Involvement of people living with HIV:	Yes
k. Addressing stigma and discrimination:	Yes
l. Gender empowerment and/or gender equality:	Yes

1.4 Were target populations identified through a process of a needs assessment or needs analysis?

Yes

IF YES, when was this needs assessment /analysis conducted? Year:

2005

1.5 What are the target populations in the country?

Youths, women, pregnant women, sex workers, population of the informal sector, uniform officers, truck drivers, workers, Orphans and vulnerable children, displaced populations, prisoners.

1.6 Does the multisectoral strategy/action framework include an operational plan?

Yes

1.7 Does the multisectoral strategy/action framework or operational plan include:

a. Formal programme goals? :	Yes
b. Clear targets and/or milestones? :	Yes
c. Detailed budget of costs per programmatic area? :	Yes
d. Indications of funding sources?:	Yes
e. 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/action framework?

Active involvement

IF active involvement, briefly explain how this was done:

1. As one the main implementing agents of the 2000-2005 National AIDS Strategic PPlan, the civil society actively participated in evaluating the latter, determining the priority areas (objective, targets groups and interventions) for the 2006-2010 National AIDS Strategic Plan.
2. Civil society organisations participated in all the workshops and seminars aimed at elaborating the 2006-2010 strategic plan, 2006-2008 operational plan and draft monitoring and evaluation work plan;
3. The civil societ equally particiapted during the national forum that saw the adoption of the 2006-2010 startegic plan and in meetings that saw the adoption of the 2006-2008 operational plan and monitoring and evaluationtion guide

1.9 Has the multisectoral strategy/action framework been endorsed by most external Development Partners (bi-laterals; multi-laterals)?

Yes

1.10 Have external Development Partners (bi-laterals; multi-laterals) aligned and harmonized their HIV and AIDS programmes to the national multisectoral strategy/action framework?

Yes, all partners

- 2. Has the country integrated HIV and AIDS into its general development plans such as:**
- a) National Development Plans,
 - b) Common Country Assessments/United Nations Development Assistance Framework,
 - c) Poverty Reduction Strategy Papers,
 - d) Sector Wide Approach?

Yes

2.1 IF YES, in which development plans is policy support for HIV and AIDS integrated?

- a) National Development Plans:
- b) Common Country Assessments/United Nations Development Assistance Framework:
- c) Poverty Reduction Strategy Papers:
- d) Sector Wide Approach:
- e) Other::

2.2 IF YES, which policy areas below are included in these development plans?

HIV Prevention:	Development Plans	a) / b) / c) / d)
Treatment for opportunistic infections:	Development Plans	a) / b) / c) / d)
Antiretroviral therapy:	Development Plans	a) / b) / c) / d)
Care and support (including social security or other schemes):	Development Plans	a) / b) / c) / d)
AIDS impact alleviation:	Development Plans	a) / b) / c) / d)
Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support:	Development Plans	a) / b) / c) / d)
Reduction of income inequalities as they relate to HIV prevention/ treatment, care and /or support:	Development Plans	a) / b) / c) / d)
Reduction of stigma and discrimination:	Development Plans	a) / b) / c) / d)
Women's economic empowerment (e.g. access to credit, access to land, training):	Development Plans	a) / b) / c) / d)

3. Has the country evaluated the impact of HIV and AIDS on its socio-economic development for planning purposes?

No

4. Does the country have a strategy/action framework for addressing HIV and AIDS issues among its national uniformed services such as military, police, peacekeepers, prison staff, etc?

Yes

4.1 IF YES, which of the following programmes have been implemented beyond the pilot stage to reach a significant proportion of one or more uniformed services?

Behavioural change communication:	Yes
Condom provision :	Yes
HIV testing and counselling(*):	Yes
STI services :	Yes
Treatment:	Yes
Care and support :	Yes

**(*If HIV testing and counselling has been implemented for uniformed services beyond the pilot stage, what is the approach taken?
**

Is it voluntary or mandatory (e.g. at enrolment)? Briefly explain:

HIV screening in voluntary and is done in hospitals and mobil screening vans. The opt-out strategy is recommended.

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

Yes

5.1 Has the National Strategic Plan/operational plan and national AIDS budget been revised accordingly?

Yes

5.2 Have the estimates of the size of the main target population sub-groups been updated?

Yes

5.3 Are there reliable estimates and projected future needs of the number of adults and children requiring antiretroviral therapy?

Estimates and projected needs

5.4 Is HIV and AIDS programme coverage being monitored?

Yes

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

Yes

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

Yes

IF YES, which population sub-groups?

-Youths and students, women and pregnant women, sex workers, population working in the informal sector, uniform men, truck drivers, workers, Orphans and vulnerable children, PLWHA, Dispalced Persons, Prisonners

(c) IF YES, is coverage monitored by geographical area?

Yes

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

Province

- Health District

- Urban

- Rural

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

Yes

Overall, how would you rate strategy planning efforts in the HIV and AIDS programmes in 2007 and in 2005?

2007: 8

2005: 6

Comments on progress made in strategy planning efforts since 2005:

Much progress has been witnessed in terms of involving all actors epecially the civil society in the fight.

The current strategic plan that is in its implementation phase take into consideration points raised by recipients during the evalaution of the 2000-2005 startegic plan.

Elaboration of many more sector strategic plans (from 11 in 2005 to 18 in 2007) with reference to the national strategic plan and increase in funding

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

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

2. Does the country have an officially recognized national multisectoral AIDS management/coordination body? (National AIDS Council or equivalent)?

Yes

2.1 IF YES, when was it created? Year:

1998

2.2 IF YES, who is the Chair?

Name: Mr André MAMA FOU DA
Title/Function: Minister of Public Health

2.3 IF YES, does it:

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

3. Does the country have a national AIDS body or other mechanism that promotes interaction between government, people living with HIV, civil society and the private sector for implementing HIV and AIDS strategies/programmes?

Yes

3.1 IF YES, does it include?

Terms of reference :	Yes
Defined membership :	Yes
Action plan :	Yes
Functional Secretariat :	Yes
Regular meetings (*):	Yes

(*If it does include regular meetings, what is the frequency of the meetings:

Once every six months

IF YES, What are the main achievements?

-Mobilisation and effective implication of national and international actors
-implementing the "3 ones": Elaboration of national strategic plans (2000-2005 and 2006-2010), existence of one organ for coordination and existence of one monitoring and evaluation system
Increasing mobilisation national (government, private sector) and international funding.

IF YES, What are the main challenges for the work of this body?

-lack of competent human resources
-Insufficient funding with respect to needs
-Poor coordination due to multiplicity of interventions and actors especially at the operational level

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

12,4%

5. What kind of support does the NAC (or equivalent) provide to implementing partners of the national programme, particularly to civil society organizations?

Information on priority needs and services :	Yes
Technical guidance/materials:	Yes
Drugs/supplies procurement and distribution :	Yes
Coordination with other implementing partners :	Yes
Capacity-building :	Yes
Other::	Yes

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

No

Overall, how would you rate the political support for the HIV and AIDS programmes in 2007 and in 2005?

2007:	8
2005:	7

Comments on progress made in political support since 2005:

Much progress has been made in political support through decisions to decentralise the fight and accessibility. Notwithstanding some challenges still persist in domain of human resources, funding of activities and coordination of activities particularly at the operational level.

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

Yes

1.1 IF YES, what key messages are explicitly promoted?

Be sexually abstinent:

Delay sexual debut:

Be faithful:

Reduce the number of sexual partners:

Use condoms consistently:

Engage in safe(r) sex:

Avoid commercial sex:

Abstain from injecting drugs:

Use clean needles and syringes:

Fight against violence against women:

Greater acceptance and involvement of people living with HIV:

Greater involvement of men in reproductive health programmes:

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

Yes

2. Does the country have a policy or strategy promoting HIV-related reproductive and sexual health education for young people?

Yes

2.1 Is HIV education part of the curriculum in

primary schools? : Yes

secondary schools? : Yes

teacher training? : Yes

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

Yes

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 (IEC) and other preventive health interventions for vulnerable sub-populations?

Yes

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

Targeted information on risk reduction and HIV education:	Sex workers
Targeted information on risk reduction and HIV education:	Clients of sex workers
Targeted information on risk reduction and HIV education:	Prison inmates
Targeted information on risk reduction and HIV education:	Other sub-populations (*)
Stigma & discrimination reduction:	Sex workers
Stigma & discrimination reduction:	Clients of sex workers
Stigma & discrimination reduction:	Prison inmates
Stigma & discrimination reduction:	Other sub-populations (*)
Condom promotion:	Sex workers
Condom promotion:	Clients of sex workers
Condom promotion:	Prison inmates
Condom promotion:	Other sub-populations (*)
HIV testing & counselling:	Sex workers
HIV testing & counselling:	Clients of sex workers
HIV testing & counselling:	Prison inmates
HIV testing & counselling:	Other sub-populations (*)
Reproductive health, including STI prevention & treatment:	Sex workers
Reproductive health, including STI prevention & treatment:	Clients of sex workers
Reproductive health, including STI prevention & treatment:	Prison inmates
Reproductive health, including STI prevention & treatment:	Other sub-populations (*)
Vulnerability reduction (e.g. income generation):	Sex workers
Vulnerability reduction (e.g. income generation):	Clients of sex workers
Vulnerability reduction (e.g. income generation):	Other sub-populations (*)

Overall, how would you rate policy efforts in support of HIV prevention in 2007 and in 2005?

2007:	7
2005:	7

Comments on progress made in policy efforts in support of HIV prevention since 2005:

Prevention program have been stagnant within this period. Emphases was laid at consolidating progress made

4. Has the country identified the districts (or equivalent geographical/ decentralized level) in need of HIV prevention programmes?

Yes

IF YES, to what extent have the following HIV prevention programmes been implemented in identified districts* in need?

Blood safety:	The activity is available in	some districts* in need
Universal precautions in health care settings:	The activity is available in	some districts* in need
Prevention of mother-to-child transmission of HIV:	The activity is available in	most districts* in need
IEC on risk reduction:	The activity is available in	all districts* in need
IEC on stigma and discrimination reduction:	The activity is available in	all districts* in need
Condom promotion:	The activity is available in	all districts* in need
HIV testing & counselling:	The activity is available in	all districts* in need
Risk reduction for sex workers:	The activity is available in	N/A
Programmes for other vulnerable subpopulations:	The activity is available in	N/A
Reproductive health services including STI prevention & treatment:	The activity is available in	most districts* in need
School-based AIDS education for young people:	The activity is available in	some districts* in need
Programmes for out-of-school young people:	The activity is available in	N/A
HIV prevention in the workplace:	The activity is available in	N/A
Other::	The activity is available in	N/A

Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2007 and in 2005?

2007:	6
2005:	8
2007:	6
2005:	7

Comments on progress made in the implementation of HIV prevention programmes since 2005:

Generally no significant efforts have been made in prevention related activities even though there have been some efforts in preventing mother to child transmission and voluntary counselling and testing.

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

1.1 IF YES, does it give sufficient attention to barriers for women, children and most-at-risk populations?

Yes

2. Has the country identified the districts (or equivalent geographical/decentralized level) in need of HIV and AIDS treatment, care and support services?

Yes

IF YES, to what extent have the following HIV and AIDS treatment, care and support services been implemented in the identified districts* in need?

Antiretroviral therapy:	The service is available in	most districts* in need
Nutritional care:	The service is available in	some districts* in need
Paediatric AIDS treatment:	The service is available in	some districts* in need
Sexually transmitted infection management:	The service is available in	all districts* in need
Psychosocial support for people living with HIV and their families:	The service is available in	most districts* in need
Home-based care:	The service is available in	most districts* in need
Palliative care and treatment of common HIV-related infections:	The service is available in	some districts* in need
HIV testing and counselling for TB patients:	The service is available in	most districts* in need
TB screening for HIV-infected people:	The service is available in	some districts* in need
TB preventive therapy for HIV-infected people:	The service is available in	some districts* in need
TB infection control in HIV treatment and care facilities:	The service is available in	most districts* in need
Cotrimoxazole prophylaxis in HIV-infected people:	The service is available in	most districts* in need
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape):	The service is available in	most districts* in need
HIV treatment services in the workplace or treatment referral systems through the workplace:	The service is available in	some districts* in need
HIV care and support in the workplace (including alternative working arrangements):	The service is available in	some districts* in need
Antiretroviral therapy:	The service is available in	most districts* in need
Nutritional care:	The service is available in	some districts* in need
Paediatric AIDS treatment:	The service is available in	most districts* in need
Sexually transmitted infection management:	The service is available in	all districts* in need
Psychosocial support for people living with HIV and their families:	The service is available in	most districts* in need
Home-based care:	The service is available in	most districts* in need
Palliative care and treatment of common HIV-related infections:	The service is available in	most districts* in need

HIV testing and counselling for TB patients:	The service is available in	some districts* in need
TB screening for HIV-infected people:	The service is available in	some districts* in need
TB preventive therapy for HIV-infected people:	The service is available in	some districts* in need
TB infection control in HIV treatment and care facilities:	The service is available in	some districts* in need
Cotrimoxazole prophylaxis in HIV-infected people:	The service is available in	most districts* in need
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape):	The service is available in	some districts* in need
HIV treatment services in the workplace or treatment referral systems through the workplace:	The service is available in	some districts* in need
HIV care and support in the workplace (including alternative working arrangements):	The service is available in	some districts* in need

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

Yes

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

No

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support services in 2007 and in 2005?

2007:	5
2005:	2

Comments on progress made since 2005:

There exist a structural and organisational framework set up to support OVC and other vulnerable children

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

Yes

5.1 IF YES, is there an operational definition for OVC in the country?

Yes

5.2 IF YES, does the country have a national action plan specifically for OVC?

Yes

5.3 IF YES, does the country have an estimate of OVC being reached by existing interventions?

Yes

IF YES, what percentage of OVC is being reached?

15%

Overall, how would you rate the efforts to meet the needs of orphans and other vulnerable children?

2007: 5

2005: 2

Comments on progress made in efforts to meet the needs of OVC since 2005:

There exist a structural and organisational framework set up to support OVC and other vulnerable children, support and care to PLWHA

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

Yes

IF YES, Years covered:

2006-2010

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

Yes

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

Yes

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

Yes, all partners

2. Does the Monitoring and Evaluation plan include?

a data collection and analysis strategy : Yes

behavioural surveillance : Yes

HIV surveillance : Yes

a well-defined standardized set of indicators : Yes

guidelines on tools for data collection : Yes

a strategy for assessing quality and accuracy of data : Yes

a data dissemination and use strategy : Yes

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

Yes

3.1 IF YES, has funding been secured?

No

4. Is there a functional M&E Unit or Department?

Yes

4.1 IF YES, is the M&E Unit/Department based

in the NAC (or equivalent)? : Yes

in the Ministry of Health? : No

**4.2 IF YES, how many and what type of permanent and temporary professional staff are working in the M&E Unit/Department?

**

Number of permanent staff:

4

Number of temporary staff:

0

4.3 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/Department for review and consideration in the country's national reports?

Yes

IF YES, does this mechanism work? What are the major challenges?

This mechanism is not very operational. Major weaknesses include: poor organisation of data collection and transmission in other sectors; low data coverage; poor respect of timeframe; insufficient financial resources and lack of competent human resources

4.4 IF YES, to what degree do UN, bi-laterals, and other institutions share their M&E results?

3

5. Is there an M&E Committee or Working Group that meets regularly to coordinate M&E activities?

Yes, meets regularly

IF YES, Date last meeting:

7th November 2007

5.1 Does it include representation from civil society, including people living with HIV?

Yes

IF YES, describe the role of civil society representatives and people living with HIV in the working group

Play the same role like others

6. Does the M&E Unit/Department manage a central national database?

Yes

6.1 IF YES, what type is it?

In Micro soft Excel, Access and CRIS

6.2 IF YES, does it include information about the content, target populations and geographical coverage of programmatic activities, as well as their implementing organizations?

Yes

6.3 Is there a functional Health Information System (HIS)?

National level : Yes

Sub-national level (*): Yes

(*If there is a functional sub-national HIS, at what level(s) does it function?

Provincial and Health District Services

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

Yes

7. To what extent are M&E data used in planning and implementation?

3

What are examples of data use?

Data on behaviour(knowledge, condom use, etc)

Data on Sero prevalence (by province, region, sub populations, etc)

Data on impact indicators(number of PLWHA receiving treatment, number of OVC receiving support, number of TB/HIV patients, etc)

Financial data (amount of funds received, amount used, etc)

What are the main challenges to data use?

Poor coverage

Low availability of updated information

Reliability of some data

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

At national level? : Yes

At national level? : IF YES, Number of individuals trained: 34

At sub-national level? : No

Including civil society? : Yes

Including civil society? : IF YES, Number of individuals trained: 10

Overall, how would you rate the M&E efforts of the AIDS programme in 2007 and in 2005?

2007: 7

2005: 5

Comments on progress made in M&E since 2005:

Progress has been made through the elaboration of an M & E guide, standardisation of indicators and data collection tools and training key monitoring and evaluation actors at central and provincial levels.

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

No

2. Does the country have non-discrimination laws or regulations which specify protections for vulnerable sub-populations?

No

3. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for vulnerable sub-populations?

No

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

Yes

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

No

6. Has the Government, through political and financial support, involved most-at-risk populations in governmental HIV-policy design and programme implementation?

Yes

IF YES, describe some examples

Youths through their net work, women through their associations and PLWHA participated in elaborating and validating strategic documents such as National AIDS Strategic Plan 2006-2010 , its corresponding Opeartional plan for 2006-2008 and their active role in implementing activities

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

HIV prevention services : Yes

Anti-retroviral treatment : Yes

HIV-related care and support interventions : Yes

IF YES, given resource constraints, briefly describe what steps are in place to implement these policies:

Mobilisation of funding from partners such as the Global Fund, World bank, UNITAID, Clinton Foundation, state (HIPC funds, solidarity fund, state budget), etc

8. Does the country have a policy to ensure equal access for women and men, to prevention, treatment, care and support? In particular, to ensure access for women outside the context of pregnancy and childbirth?

Yes

9. Does the country have a policy to ensure equal access for most-at-risk populations to prevention, treatment, care and support?

Yes

9.1 Are there differences in approaches for different most-at-risk populations?

Yes

IF YES, briefly explain the differences:

Youths are targeted through their network, school environment and through specific programmes for youths such as "AIDS Free Holidays", "Education on Life Skills"

Women are targeted through specific programmes and interventions such free counselling and testing during the international women's day, PMTCT

Orphans and vulnerable children are receiving special medical, school, nutrition support programmes aimed at mitigating the impact of HIV and AIDS

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

No

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

Yes

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

Yes

IF YES, describe the effectiveness of this review committee

The ethical committee evaluates research protocols to ascertain that professional ethics are taken into consideration. If a favourable response is given to the research protocol, the ethical committee equally do the day-to-day follow-up of implementation.

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

- 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

- 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

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

- Performance indicators or benchmarks for reduction of HIV-related stigma and discrimination: Yes

IF YES, on any of the above questions, describe some examples:

In the 2004 DHS the following indicators were calculated;

- Percentage of respondents who are ready to take care of parent who is infected (69,3%)
- Percentage of respondents who are ready to buy vegetables from an HIV infected person (41,2%)
- Percentage of respondents who accept that an HIV infected teacher should be allowed to continue teaching (47,9%)
- Percentage of respondents who accept that the HIV status of an infected family person should be made known to other family members (37,8%)

13. Have members of the judiciary (including labour courts/employment tribunals) been trained/sensitized to HIV and AIDS and human rights issues that may come up in the context of their work?

Yes

14. Are the following legal support services available in the country?

Legal aid systems for HIV and AIDS casework: Yes

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

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

15. Are there programmes designed to change societal attitudes of stigmatization associated with HIV and AIDS to understanding and acceptance?

Yes

IF YES, what types of programmes?

Media :	Yes
School education :	Yes
Personalities regularly speaking out :	Yes
Other::	Yes

Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV and AIDS in 2007 and in 2005?

2007:	2
2005:	2

Comments on progress made in promoting and protecting human rights in relation to HIV and AIDS since 2005:

Existing laws and regulations have not been revised to streamline specificities HIV and AIDS

Overall, how would you rate the effort to enforce the existing policies, laws and regulations in relation to human rights and HIV and AIDS in 2007 and in 2005?

2007:	3
2005:	2

Comments on progress made in enforcing existing policies, laws and regulations in relation to human rights and HIV and AIDS since 2005:

Some insignificant progress has been made on the sensitisation of the rights and obligations of PLWHA though specific laws are inexistent.

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

4

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

5

3. To what extent are the services provided by civil society in areas of HIV prevention, treatment, care and support included

a. in both the National Strategic plans and national reports?:	4
b. in the national budget?:	3

4. Has the country included civil society in a National Review of the National Strategic Plan?

Yes

IF YES, when was the Review conducted? Year:

2004

5. To what extent is the civil society sector representation in HIV-related efforts inclusive of its diversity?

3

List the types of organizations representing civil society in HIV and AIDS efforts:

Network of persons living with HIV and AIDS (RECAP+, CANEP)
Association of traditional healers;
Denominational organisations (catholic, protestants, muslims)
Professional organisations(National Order of Pharmacist, National Order of Medical Doctors, etc)
Community based organisations (FAWECAM, HORIZON-Femmes, etc)
Employers Syndicate(GICAM)
Workers Syndicate (CSTC, CTU, etc)
Network of Youths
etc

6. To what extent 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

Overall, how would you rate the efforts to increase civil society participation in 2007 and in 2005?

2007: 9

2005: 8

Comments on progress made in increasing civil society participation since 2005:

Much progress was made in increasing civil society participation between 2005 and 2007 through funding and following up of their activities.

1. Has the country identified the districts (or equivalent geographical/decentralized level) in need of HIV prevention programmes?

Yes

IF YES, to what extent have the following HIV prevention programmes been implemented in identified districts in need?

Blood safety:	The service is available in	some districts* in need
Universal precautions in health care settings:	The service is available in	some districts* in need
Prevention of mother-to-child transmission of HIV:	The service is available in	most districts* in need
IEC on risk reduction:	The service is available in	all districts* in need
IEC on stigma and discrimination reduction:	The service is available in	all districts* in need
Condom promotion:	The service is available in	all districts* in need
HIV testing & counselling:	The service is available in	all districts* in need
Risk reduction for men who have sex with men:	The service is available in	some districts* in need
Risk reduction for sex workers:	The service is available in	some districts* in need
Programmes for other vulnerable sub-populations:	The service is available in	some districts* in need
Reproductive health services including STI prevention & treatment:	The service is available in	most districts* in need
School-based AIDS education for young people:	The service is available in	some districts* in need
Programmes for out-of-school young people:	The service is available in	some districts* in need
HIV prevention in the workplace:	The service is available in	some districts* in need
Other programmes::	The service is available in	some districts* in need

1. Has the country identified the districts (or equivalent geographical/decentralized level) in need of HIV and AIDS treatment, care and support services?

Yes

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support services in 2007 and in 2005?

2007:	8
2005:	5

Comments on progress made in the implementation of HIV treatment, care and support services since 2005:

Much progress has been made through cuts in ARV prices, prices for laboratory tests and prices for treating opportunistic infections. Today ARV is free to patients. In addition, the management of PLWHA has been decentralised through the opening of many more treatment centres

2. What percentage of the following HIV programmes or services is estimated to be provided by civil society?

Prevention for youth :	>75%
Prevention for sex workers :	>75%
Counselling and Testing :	<25%
Clinical services (OI/ART)* :	<25%
Home-based care :	51-75%
Programmes for OVC** :	>75%

3. Does the country have a policy or strategy to address the additional HIV and AIDS-related needs of orphans and other vulnerable children (OVC)?

Yes

3.1 IF YES, is there an operational definition for OVC in the country?

Yes

3.2 IF YES, does the country have a national action plan specifically for OVC?

Yes

3.3 IF YES, does the country have an estimate of OVC being reached by existing interventions?

Yes

IF YES, what percentage of OVC is being reached?

15%

Overall, how would you rate the efforts to meet the needs of orphans and other vulnerable children?

2007:	5
2005:	2

Comments on progress made since 2005:

An organisational and structural framework has been set aside to provide care and support to orphans and vulnerable children

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