

Djibouti Report NCPI

NCPI Header

is indicator/topic relevant?: Yes

is data available?: Yes

Data measurement tool / source: NCPI

Other measurement tool / source: Revue documentaire Entretien et interview avec les informateurs clés de la riposte nationale à l'épidémie Réunion de validation des données collectes Insertion des données online

From date: 03/19/2014

To date: 03/31/2014

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: La rédaction du présent rapport a impliqué l'ensemble des acteurs intervenants dans la riposte à l'épidémie du VIH SIDA à Djibouti. Sous la coordination du Secrétariat Exécutif SE de la lutte contre le VIH SIDA, le paludisme et la Tuberculose et avec l'appui technique et financier du bureau de l'ONUSIDA à Djibouti, un Groupe Technique composé des acteurs impliqués dans la réponse nationale : le PLS Santé, La Direction de la Santé Mère et Enfant (DSME), des représentants les agences du SNU à Djibouti, des organismes bilatérales comme FHI 360, de la société civile et le réseau des associations personnes vivants avec le VIH et SIDA a été mis en place. Le mandat de ce groupe Technique fut : la collecte des données sur l'ensemble des « indicateurs à renseigner dans le cadre de l'élaboration du. Ainsi 3 groupes de travail ont été créés pour renseigner les indicateurs PTPE, prévention et les données liées aux indicateurs d'engagements. Aussi un consultant national chargé de la rédaction du rapport narratif et la collecte des données sur les indices composites et politiques nationales a été engagé par le bureau de l'ONUSIDA pour le compte de l'organe de coordination en l'occurrence le SE. Des réunions d'information sur l'état d'avancement du processus de la rédaction ont été tenues régulièrement. Des séances de validation des données collectés et d'analyse des informations sur les différentes étapes du rapport ont permis à l'ensemble des acteurs impliqués dans l'élaboration du présent rapport de contribuer. Un consultant national a été engagé pour réaliser des entretiens avec les acteurs clés de la riposte au VIH et SIDA. Une note officielle signée par le Secrétaire Général /MS. Un dépouillement de l'ensemble des questionnaires récoltés auprès des informateurs clés a été réalisé afin de faire ressortir une analyse réaliste des informations et données collectées pour l'élaboration du rapport final.

Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions: Globalement il n'y a pas eu des divergences notoires dans la mesure ou la revue du plan stratégique national PSN 2012-2016 et la validation du rapport de la revue sont survenues peu de temps avant la collecte des données NCPI. Les quelques points de divergences ont pu être résolus lors des réunions en plénière de validation d'étapes des données.

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

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

Organization	Names/Positions	Respondents to Part A
Ministere de la Santé	Mr Ali Sillaye Abdallah / Secrétaire Général	A1,A2
Ministere de la Santé	Mr Mahad Ibrahim Hassan / Directeur PLANIFICATION	A1,A2,A6
Ministère de l'Education	M Said Mohamed Barkat / Point focal CCM education	A1,A2,A6
Secretariat Detat à la jeunesse	Mr Omar Guedi / Conseiller Technique	A1,A3
CNSS MINISTERE DU TRAVAIL	Ahmed Saad Sultan / CCM	A1,A2,A3
Ministere de la Santé	Mme Amina Farah / PLS SANTE	A1,A4,A5
Ministere de la Santé	Dr Houssein Youssouf Darar /DIRECTEUR GENERAL INSPD	A3,A5
Ministere de la Santé	Dr Farhan Ali Mohamed / MEDECIN CHEF AMBOULI	A5
Ministere de la Santé	Dr Said Abdallah Guelleh / SECRETAIRE EXECUTIF PI	A1,A6
Ministere de la Santé	DR HELEM / MEDECIN CHEF OBOCK	A4,A5
Ministere de la Santé	DR ABDI / MEDECIN CHEF ALI SABIEH	A4,A5
Ministere de la Santé	Mme Waris / Chef de service PTPE Direction mere et enfants	A5
Ministere de la Santé	SAHRA MOUSSA BOUH / DIRECTRICE CMI DAR EL HANAN	A5

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

Organization	Names/Positions	Respondents to Part B
OMS	DR RAYAN BOUAKA / Représentante	B1,B2,B3,B4,B5
Agence d'encadrement CCAF	Mme Kadja Ali Ismael / Secrétaire General	B1,B4
Reseau des personnes vivants avec le VIH RNDP+	Mohamed Houssein Amoud/coordonateur	B1,B4,B5
Reseau des personnes vivants avec le VIH RNDP+	Mme Isnino Farah Omar/Présidente	B1,B2,B4
Association des Femmes AFADES ARTA	MME MILGO MOHAMED /Secrétaire Général	B1,B3,B4,B5
FHI360	Ismail Sougueh Guedi	B1,B4

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: 2012-2016

IF YES, briefly describe key developments/modifications between the current national strategy and the prior one. IF NO or NOT APPLICABLE, briefly explain why.:

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?: Le ministère de la Santé par le biais du Secrétariat Exécutif de la lutte contre le VIH et SIDA, le Paludisme et la Tuberculose assume la responsabilité Globale du développement et de la mise en œuvre de la stratégie multi sectorielle de la riposte nationale.

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: No

Health:

Included in Strategy: Yes

Earmarked Budget: Yes

Labour:

Included in Strategy: No

Earmarked Budget: No

Military/Police:

Included in Strategy: Yes

Earmarked Budget: No

Social Welfare:

Included in Strategy: No

Earmarked Budget: No

Transportation:

Included in Strategy: No

Earmarked Budget: No

Women:

Included in Strategy: Yes

Earmarked Budget: Yes

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?: Le financement du Fond Mondial, la contribution des agences du système des Nations Unies comme l'Unicef, le FHI360 USAID, l'OMS, le FNUAP, La Banque Mondiale, le PEPFAR

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: Yes

People who inject drugs: No

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: Yes

CROSS-CUTTING ISSUES:

Addressing stigma and discrimination: Yes

Gender empowerment and/or gender equality: Yes

HIV and poverty: Yes

Human rights protection: Yes

Involvement of people living with HIV: Yes

IF NO, explain how key populations were identified?: Les populations clés vulnérables ont été identifiées à travers les études comportementales; des enquêtes; des focus groups et de suivi des groupes en situations de précarité:

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: No

Migrants/mobile populations: Yes

Orphans and other vulnerable children: Yes

People with disabilities: Yes

People who inject drugs: No

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]: Les routiers et les femmes en situation precarite
: Yes

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?: Active involvement

IF ACTIVE INVOLVEMENT, briefly explain how this was organised.: La majorité des informateurs clés interviewés ont souligné l'implication de la société dans l'élaboration de la stratégie multisectorielle. Cette participation se traduit par l'implication du réseau des agences d'encadrement et celui des personnes vivants avec e VIH et SIDA aux différentes réunions de la planification stratégique. Aussi l'implication de la société civile est remarquable au sein du comité de coordination multi sectoriel et inter partenaires le CCMI dont elle fait partie integrante (membres du comité)

IF NO or MODERATE INVOLVEMENT, briefly explain why this was the case.:

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, all partners

IF SOME PARTNERS or NO, briefly explain for which areas there is no alignment/harmonization and why:

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

SPECIFIC DEVELOPMENT PLANS:

Common Country Assessment/UN Development Assistance Framework:

National Development Plan: Yes

Poverty Reduction Strategy: Yes

National Social Protection Strategic Plan: No

Sector-wide approach: Yes

Other [write in]: Le plan national pour le développement sanitaire(PNDS)

: 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): No

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

Reduction of income inequalities as they relate to HIV prevention/ treatment, care and /or support: No

Reduction of stigma and discrimination: Yes

Treatment, care, and support (including social protection or other schemes): Yes

Women's economic empowerment (e.g. access to credit, access to land, training): Yes

Other [write in]: Activité Génératrice des Revenus

: Yes

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: Le plan national pour le développement sanitaire vise à renforcer le système de santé de la République de Djibouti. Les infrastructures prévues dans le cadre de ce plan sont destinés certes à améliorer les capacités des formations sanitaires y compris la Centrale d'Achats des Matériels et Médicaments Essentiels (CAMME) pour répondre aux besoins des patients et atténuer la problématique du VIH et SIDA. Les ressources humaines et les moyens logistiques prévus dans ce cadre vont contribuer aux performances du programme

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

a) HIV Counselling & Testing with Sexual & Reproductive Health: Many

b) HIV Counselling & Testing and Tuberculosis: Many

c) HIV Counselling & Testing and general outpatient care: Many

d) HIV Counselling & Testing and chronic Non-Communicable Diseases: Many

e) ART and Tuberculosis: Many

f) ART and general outpatient care: Many

g) ART and chronic Non-Communicable Diseases: Many

h) PMTCT with Antenatal Care/Maternal & Child Health: Many

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?: 8

Since 2011, what have been key achievements in this area: Le pays a élaboré trois plans stratégiques depuis 2003. Des études et enquêtes sur le VIH et SIDA ont orienté la planification de la riposte.les réalisations depuis 2011 sont entres autres: l'harmonisation du PSN aux autres plans nationaux, la mise en œuvre des interventions de prévention par le PLS Santé.

What challenges remain in this area:: Des défis restent à surmonter plus particulièrement dans la mobilisation de ressources financières pour les différents départements sectoriels. La faiblesse de la contribution du budget nation dans la réponse au VIH et reste tributaire aux financements extérieurs. nsuffisance dans le renforcement des capacités programmatiques du réseau des personnes vivants avec le VIH et SIDA

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: Yes

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?: Yes

Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership: Le gouvernement de Djibouti apporte un soutien politique et financier dans la lutte contre le VIH et SIDA. Signe de cet engagement est la participation du Premier Ministre et l'ensemble de son Gouvernement à la Célébration de la Journée Mondiale de la lutte contre le VIH et SIDA le 2 décembre 2013 à l'Université de Djibouti

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?: No

Have active government leadership and participation?: Yes

Have an official chair person?: Yes

IF YES, what is his/her name and position title?: ABDOULKADER KAMIL MOHAMED §PREMIER MINISTRE

Have a defined membership?: No

IF YES, how many members?:

Include civil society representatives?: No

IF YES, how many?:

Include people living with HIV?: No

IF YES, how many?:

Include the private sector?: No

Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?: No

3. Does the country have a mechanism to promote coordination between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?: No

IF YES, briefly describe the main achievements::

What challenges remain in this area:: Le défis dans ce domaine reste la fonctionnalité de l'organe de coordination: l'absence des réunions du comité impacte sur l'implication effective des autres secteurs et par conséquent sur la multisectorialité de la riposte nationale. La faiblesse du réseau des personnes vivants en terme de ressources humaines constitue également un défis majeur:

4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?: 21

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?: 7

Since 2011, what have been key achievements in this area:: La gratuité du traitement antirétroviral à tous les patients vivant avec le VIH; - La gratuité de l'accouchement pour les femmes infectées par le VIH/sida - La gratuité de la prise en charge des examens pour les infections opportunistes ; - La création d'un comité multisectoriel de la lutte contre le VIH et SIDA -La création des clubs info sida dans les établissements secondaires et universitaires; - La promulgation des lois portant protection des droits des personnes vivant avec le VIH et SIDA et les populations vulnérables

What challenges remain in this area:: Maintenir le VIH au top de l'agenda des politiques L'application des dispositions legales et reglementaires adoptées

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: Yes

Men who have sex with men: No

Migrants/mobile populations: Yes

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]:

: No

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:
No

IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws::

Briefly explain what mechanisms are in place to ensure these laws are implemented::

Briefly comment on the degree to which they are currently 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?: No

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

People living with HIV: No

Elderly persons: No

Men who have sex with men: No

Migrants/mobile populations: No

Orphans and other vulnerable children: No

People with disabilities: No

People who inject drugs: No

Prison inmates: No

Sex workers: No

Transgender people: No

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:

Briefly comment on how they pose barriers:

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: Yes

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: No

Use condoms consistently: Yes

Other [write in]: Ameliorer la prise en charge medicale des PVVIHs, Reduire les determinants de la vulnerabilite et la precarite des PVVIH et leurs familles; ameliorer la cordination la gestion et le suivi et evaluation

: Yes

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 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?: Yes

2.2. Does the strategy include

a) age-appropriate sexual and reproductive health elements?: Yes

b) gender-sensitive sexual and reproductive health elements?: Yes

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

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:: La stratégie de la lutte contre le VIH /SIDA 2012-2016 intègre des interventions ciblées en matière d'Information, Education et communication aux groupes vulnérables prioritaires. Le renforcement des travailleuses de sexe dans la gestion des risques liées aux infections à VIH et la promotion des moyens de prévention comme le préservatif sont des éléments clés de la stratégie pour réduire les risques des nouvelles infections.

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

People who inject drugs:

Men who have sex with men:

Sex workers: Condom promotion,HIV testing and counseling,Stigma and discrimination reduction

Customers of sex workers: Stigma and discrimination reduction,Targeted information on risk reduction and HIV education,Vulnerability reduction (e.g. income generation)

Prison inmates: Condom promotion,HIV testing and counseling,Stigma and discrimination reduction

Other populations [write in]: Les jeunes;les réfugiés; migrants;lesjeunes filles

: Condom promotion,HIV testing and counseling,Reproductive health, including sexually transmitted infections prevention and treatment,Stigma and discrimination reduction,Targeted information on risk reduction and HIV education,Vulnerability reduction (e.g. income generation)

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?:

Since 2011, what have been key achievements in this area:: Les réalisations depuis 2011 sont : les formations des Travailleuses de sexe en vue de renforcer leurs capacités.la distribution des condoms pour les TS et les autres groupes vulnérables par le PLS santé.La mise en oeuvre des interventions dans la région d'Ali Sabieh par le PLS; La collaboration avec les partenaires comme FHI360 dans la mise en oeuvre des interventions ciblées à l'endroit des routiers et des jeunes.La mise en oeuvre du Roads Project sur le long du corridor Djibouti Ethiopie

What challenges remain in this area: Le manque de financement pour assurer les interventions de prévention en amant c'est-à-dire au niveau communautaire avec la mobilisation des associations à base communautaire et la dynamisation du tissu associatif. Le problème lié à la discrimination et à la stigmatisation constitue un frein à la réussite des programmes de prévention; Cela entraîne un ralentissement des activités du CDV:

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

IF YES, how were these specific needs determined?: Les besoins en matière de prévention du VIH ont été déterminés sur la base des études comportementales, des enquêtes et focus groupes auprès des populations vulnérables prioritaires telles que les Travailleuse de sexes, les Jeunes déscolarisés, les hommes à hauts risques (HSH) ect... Ces besoins sont définis dans la planification stratégique du pays couvrant la période 2012-2016 qui prévoit le paquet des prestations et services à engager afin d'apporter des réponses adéquates.

IF YES, what are these specific needs? : La prévention combinée pour tous les populations clés vulnérables. Travailleuse de Sexe, jeunes déscolarisés, les hommes ayant des rapports sexuels avec les hommes ect...

4.1. To what extent has HIV prevention been implemented?

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

Blood safety: Disagree

Condom promotion: Agree

Economic support e.g. cash transfers: Disagree

Harm reduction for people who inject drugs: N/A

HIV prevention for out-of-school young people: Agree

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: Agree

Prevention for people living with HIV: Disagree

Reproductive health services including sexually transmitted infections prevention and treatment: Disagree

Risk reduction for intimate partners of key populations: Disagree

Risk reduction for men who have sex with men: Disagree

Risk reduction for sex workers: Agree

Reduction of gender based violence: Disagree

School-based HIV education for young people: Disagree

Treatment as prevention: Disagree

Universal precautions in health care settings: Disagree

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?: 5

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:: • Prise en charge thérapeutique, • Le conseil et dépistage volontaire, • Le traitement anti rétroviraux, • L'accompagnement psychosocial des malades

Briefly identify how HIV treatment, care and support services are being scaled-up?: • Mise sous traitement sur base des CD4 \leq 500 • Gratuité des médicaments ARV pour les patients mis sous traitement • Le soutien nutritionnel (distribution des rations sèches pour les patients vulnérables) • Création des AGR en guise de soutien pour les membres du RNDP+ (selon les critères de sérieux et des compétences)

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: Agree

Economic support: Disagree

Family based care and support: Agree

HIV care and support in the workplace (including alternative working arrangements): Strongly disagree

HIV testing and counselling for people with TB: Agree

HIV treatment services in the workplace or treatment referral systems through the workplace: Strongly 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: Agree

Psychosocial support for people living with HIV and their families: Disagree

Sexually transmitted infection management: Disagree

TB infection control in HIV treatment and care facilities: Disagree

TB preventive therapy for people living with HIV: Disagree

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: • Dispositif d'appui social accéléré aux PVVIHs • La creation des Activités Génératrices de Revenu • Le renforcmnt des capacité des PVVIHs à travers le RNDP+

3. Does the country have a policy or strategy for developing/using generic medications or parallel importing of medications for HIV?: No

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?: No

IF YES, for which commodities?:

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?: Depuis 2011 un certain nombre d'actions positives ont été réalisé pour promouvoir le traitement, le soin et le soutien dans le cadre de la riposte nationale. Ces réalisations sont entre autres : Une redynamisation du collège des ARV. L'élaboration d'un guide prise charge. La formation de personnel soignant aux protocoles de la prise en charge, la formation et recyclage des Assistants Psychosociaux pour améliorer l'accompagnement et le soutien psycho-social des patients. L implication des PVVIH dans le volet prise en charge

What challenges remain in this area: Les facteurs contraignants dans le domaine de la prise en charge sont : La maintenance biomédicale des appareils -Probleme d'inclusion des patients dans les régions (faible) -Absence des activités de sensibilisation pour appuyer le CDV Manque de moyen logistique pour les collecte des données et du CD4

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?: Yes

6.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?: Yes

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?: 5

Since 2011, what have been key achievements in this area?: Les principales réalisations : Cadre juridique pour la protection des Orphelins et Enfants Vulnérables Celebration de la journée nationale de l'orphelin Appui de la Diwan zakat aux orphelins et enfants vulnérables

What challenges remain in this area?: Insuffisance de suivi par aux activités liées aux OEV

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?: Le Plan National de Suivi et Evaluation a été élaboré en 2011 et présente des nombreuses inadéquations à la situation actuelle. La révision de e plan est en cours.

1.1. IF YES, years covered: La période couverte par le plan de Suivi et Evaluation est : 2011-2016

1.2. IF YES, have key partners aligned and harmonized their M&E requirements (including indi-cators) with the national M&E plan?: Yes, all partners

Briefly describe what the issues are?:

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: Yes

HIV Drug resistance surveillance: Yes

HIV surveillance: Yes

Routine programme monitoring: Yes

A data analysis strategy: Yes

A data dissemination and use strategy: No

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?: No

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

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

Briefly describe any obstacles:: L'unité de suivi et évaluation a connu des difficultés assez importantes pour fonctionner correctement. L'un des problèmes majeurs fut le manque de ressources depuis trois années. Actuellement une personne cadre est affectée à cet unité pour redynamiser en s'appuyant sur une assistance technique internationale mis à la disposition par le PEPFAR

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?
Responsable de Suivi et Evaluation	Temps plein	2013

POSITION [write in position titles]	Fulltime or Part-time?	Since when?
Consultant suivi et evaluation qui appui le programme	Full-time	2014

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?: No

Briefly describe the data-sharing mechanisms:: Reunion annuelle de validation des données et de diffusion des resultats

What are the major challenges in this area:: Insuffisance en ressources humaine qualifiées;insuffisance moyen logistiques et d'espace de travail; manque de budget spécifique pour le suivi et evaluation

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.: Il ya une base des données EXCEL depuis 2003;

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?: Yes, all 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: No

IF YES, at what level(s)?: Au niveau des regions sanitaires

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 and Future Needs

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?: les femmes enceintes ;les tuberculeux; les travailleuses de sexe;

Briefly explain how this information is used:: Ces données sont utilisées pour la planification des interventions de la lutte contre le VIH et SIDA

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

IF YES, at which geographical levels (provincial, district, other)?: les trois communes et les cinq regions de l'interieures

Briefly explain how this information is used:: Ces données sont utilisées pour la planification des interventions de la lutte contre le VIH et SIDA

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:: les données de suiv et evaluation orientent le processus de quantification des intrants : ARV; los; les preservatifs et les medicaments pour les infections sexuellements transmissiblesECT

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: En mai 2013 une formation sur les estimations et les projections en matière de VIH et SIDA a été dispensé aux cadres de suivi et évaluation et le système d'information sanitaire

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?: 4

Since 2011, what have been key achievements in this area?: La réalisation du rapport EPP La formation sur les estimations et les projections en matière du VIH Le renforcement de l'unité de suivi et évaluation du programme avec l'affectation d'un technicien et le recrutement d'un consultant national en appui dans le cadre du financement transitoire du Fond Mondial

What challenges remain in this area?: Manque de formation dans le domaine du suivi et évaluation aux personnels affectés Insuffisance en ressources humaines qualifiées; insuffisance moyen logistiques et d'espace de travail; manque de budget spécifique pour le suivi et évaluation

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?: 3

Comments and examples:: La société civile participe de manière active à l'élaboration des stratégies et politiques nationales dans la lutte contre le VIH et SIDA. Elle s'organise autour du réseau des Agences d'Encadrements et du Réseau des personnes vivants avec le VIH et SIDA

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:: Les représentants de la société civile ont suffisamment contribué dans la planification et d'une certaine manière à la budgétisation du plan national de la Riposte.

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?: 2

b. The national HIV budget?: 2

c. The national HIV reports?: 3

Comments and examples:: Une faible participation de la société civile dans les prestations des traitements, soins et soutiens. Une participation moyenne dans l'élaboration des rapports.

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?: 2

b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?: 2

c. Participate in using data for decision-making?: 2

Comments and examples::

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)?: 2

Comments and examples:: Implication et participation de la société sont faibles et sont peu diversifiés ces dernières années.

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::

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: 25-50%

Men who have sex with men: <25%

People who inject drugs: <25%

Sex workers: 25-50%

Transgender people: <25%

Palliative care : <25%

Testing and Counselling: 25-50%

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: 25-50%

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?: 5

Since 2011, what have been key achievements in this area:: Les réalisations de la société civile reste limité depuis 2008 date de l’arrêt de financement Fond Mondial de la lutte contre le VIH SIDA à Djibouti. Cependant Elle continue de contribuer aussi maigre qu’elle soit à la riposte nationale. Avec l’appui des agences du système des Nations Unies comme

l'UNICEF et le FNUAP la société civile met en œuvre certaines activités dans la réduction des risques liées aux infections à VIH.

What challenges remain in this area: Manque de Financement pour les interventions qui devraient être exécutées par la société civile et le secteur communautaire.

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: Oui le Gouvernement a impliqué la société civile. Cela se traduit notamment par mise en place d'un réseau des personnes vivants avec le VIH et SIDA et la participation des PVVIHs au sein du CCM dont deux d'entres elles font partie du comité.

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: Yes

Men who have sex with men: No

Migrants/mobile populations: Yes

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]::

: No

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

No

IF YES to Question 1.1 or 1.2, briefly describe the contents of these laws: Non il n'y a pas une loi générale contre toutes formes de discrimination non spécifiques aux discriminations liées au VIH et SIDA. Par contre il y'a une loi portant mesures protectrices aux PVVHS et leurs Familles en vigueur depuis 2007.

Briefly explain what mechanisms are in place to ensure that these laws are implemented:

Briefly comment on the degree to which they are currently implemented: L'application et le suivi de la mise en oeuvre de ces dispositions sont problématiques

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?: No

2.1. IF YES, for which sub-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: No

People with disabilities: No

People who inject drugs: No

Prison inmates: No

Sex workers: No

Transgender people: No

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:

Briefly comment on how they pose 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.: Loi n°55/AN/09/6ème L relative à la violence contre les femmes notamment les Mutilations Génitales Féminines. L'Article 7 du Code de procédure pénale est modifié comme suit : " Toute association régulièrement déclarée depuis au moins trois ans à la date des faits peut exercer les droits reconnus à la partie civile, en ce qui concerne les infractions prévues par les articles 333 et 343 à 352 du

code pénal, si son objet statutaire comporte la lutte contre les mutilations génitales ou les agressions sexuelles. Toutefois, en matière d'agressions sexuelles, l'association ne sera recevable dans son action que si elle justifie avoir reçu l'accord de la victime ou, si celle-ci est mineure, l'accord du titulaire de l'autorité parentale ou celui du représentant légal lorsque l'auteur des faits incriminés est un tiers. "

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:: La Vision du nouveau stratégique PSN2012-2016 de Djibouti ambitionne d'œuvrer pour que l'accès universel à la prévention, aux soins, aux traitements et au soutien devienne une réalité pour les populations de Djibouti dans le respect des droits humains pour atteindre les OMD4/5/6

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?:

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:: La stratégie nationale de la lutte contre le VIH et SIDA 2012-2016 met en avant l'assurance d'un accès équivalent pour l'ensemble des populations clés vulnérables identifiés ; que sont entre autres : les jeunes ; les populations vulnérables et en situation de précarité ; les hommes à haut risque ; les professionnelles du sexe ; les détenus ect...

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?: No

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

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::

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: Yes

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

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 enforcement⁴⁶ on HIV and human rights issues that may come up in the context of their work?: No

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

a. Legal aid systems for HIV casework: Yes

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: No

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?: 6

Since 2011, what have been key achievements in this area: Les réalisations depuis 2011 dans ce domaine ne sont pas très encourageantes. A part les séances d'information et de sensibilisation auprès des personnes vivant avec le VIH et des populations clés concernant leur droit. Il faut noter cependant l'existence d'une base solide en termes de cadre juridique (dispositions légales) pour soutenir les conditions des personnes vivants avec le VIH et SIDA et cela depuis 2007.

What challenges remain in this area: Malgré l'existence d'un cadre juridique solide, le suivi et les actions proprement dites menées sur le terrain pour lutter efficacement contre les discriminations et la stigmatisation que sont victimes les PVVIHs restent limités. L'absence d'un comité chargé de suivi des cas de discrimination Le manque de dynamise du Comité Ethique L'absence d'un cabinet privé mandaté pour assurer l'aide juridique aux personnes infectées et affectées par le VIH et SIDA

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?: 6

Since 2011, what have been key achievements in this area: L'application des politiques, lois et réglementations pour la protection des droit de l'homme est acceptable. Au vu des entretiens et de la revue documentaire il n'y'a pas des abus ni des violations de droit de l'homme qui sont reporté pour l'année 2013 à Djibouti.

What challenges remain in this area: La diffusion et vulgarisation des textes de législations sont insuffisantes

B.IV Prevention

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

IF YES, how were these specific needs determined?: Les besoins en matière de prévention du VIH ont été déterminés sur la base des études comportementales, des enquêtes et focus groupes auprès des populations vulnérables prioritaires telles que les Travailleuse de sexes, les Jeunes déscolarisés, les hommes à hauts risques (HSH) ect... Ces besoins sont définis dans la planification stratégique du pays couvrant la période 2012-2016 qui prévoit le paquet des prestations et services à engager afin d'apporter des réponses adéquates

IF YES, what are these specific needs? : La prévention combinée pour l'ensemble des populations clés vulnérables identifiés dans les stratégies et politiques nationales de la riposte à l'épidémie.

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: Disagree

HIV prevention for out-of-school young people: Agree

HIV prevention in the workplace: Agree

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: Disagree

Risk reduction for men who have sex with men: Strongly disagree

Risk reduction for sex workers: Agree

School-based HIV education for young people: Agree

Universal precautions in health care settings: Agree

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?: 5

Since 2011, what have been key achievements in this area:: Les interventions de prévention réalisées depuis 2011 sont entre autres : • Distribution des préservatifs dans le cadre de la réduction des risques par le PLS • Les activités de sensibilisation sur le VIH, la santé sexuelle et reproductive destinées aux jeunes exécutées par les trois agences UDC CCAF UNFD dans le cadre du financement du projet lifeskills • Le projet Y-PEER financé par le FNUAP • Les sensibilisation et plaidoyer sur le VIH et SIDA par des leaders religieux du Ministère des biens Waqfs et affaires musulmanes à la population • Le projet FHI360 à l'endroit des routiers et jeunes

What challenges remain in this area:: Le manque de financement pour les interventions de prévention menées par les Agences d'Encadrement et les associations à base Communautaires depuis 2008. Insuffisance de la coordination des différents intervenants dans le domaine de la prévention

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?: No

IF YES, Briefly identify the elements and what has been prioritized::

Briefly identify how HIV treatment, care and support services are being scaled-up?:

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: Strongly agree

ART for TB patients: Strongly agree

Cotrimoxazole prophylaxis in people living with HIV: Strongly agree

Early infant diagnosis: Disagree

HIV care and support in the workplace (including alternative working arrangements): N/A

HIV testing and counselling for people with TB: Agree

HIV treatment services in the workplace or treatment referral systems through the workplace: N/A

Nutritional care: Disagree

Paediatric AIDS treatment: Disagree

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: Agree

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

Sexually transmitted infection management: Disagree

TB infection control in HIV treatment and care facilities: Agree

TB preventive therapy for people living with HIV: Disagree

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?: 6

Since 2011, what have been key achievements in this area:: Les réalisations dans ce domaine depuis 2011 sont : • La prise en charge thérapeutique des patients • Le suivi des patients • L'appui psychosocial des personnes infectées et affectées • La gratuité des médicaments ARV • La formation du personnel soignant et les assistants psycho sociaux

What challenges remain in this area:: • Le problème de perte de vue • Le non respect du traitement par les patients à cause du stigma et la discrimination • Le faible appui en sensibilisation et plaidoyer pour appuyer le CDV • Le manque de maintenance biomédicale des appareils

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?: Yes

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

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?: 6

Since 2011, what have been key achievements in this area:: Les réalisations dans ce domaine depuis 2011 sont : • La prise en charge thérapeutiques des patients • Le suivi des patients • L'appui psychosocial des personnes infectées et affectées • La gratuité des médicaments ARV • La formation du personnel soignant et les assistants psycho sociaux

What challenges remain in this area:: Le problème de perdu de vue • Le non respect du traitement par les patients à cause du stigma et la discrimination • Le faible appui en sensibilisation et palidoyers pour appuyer le CDV • Le manque de maintenance biomedical des appareils