

Swaziland Report NCPI

NCPI Header

is indicator/topic relevant?: Yes

is data available?: Yes

Data measurement tool / source: NCPI

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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: 1. Administering Questionnaire to key stakeholders
2. NCPI validation

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

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

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

Organization	Names/Positions	Respondents to Part A
NERCHA	Mr. Khanya Mabuza/ Exec Director	A1,A2,A4,A5,A6
Ministry of Health	Mr. Muhle Dlamini/ SNAP Director	A1,A2,A4,A5
Ministry of Justice	Mr. Sabelo Matsebula/Deputy Attorney General	A2,A3
Deputy Prime Ministers Office	Mr. Nhlanhla Nhlabatsi/ Director	A2,A4,A5
Ministry of Health	Ms. Sibongile Mndzebele/M&E Coordinator	A6

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

Organization	Names/Positions	Respondents to Part B
CANGO	Mr. Edward Mkhathshwa/ M&E Coordinator	B1
URC	Dr. Samson Haumba/Director	B3,B4
UNAIDS	Mr. Nuha Ceesay/Strategic Investments Advisor	B1,B2,B3,B4,B5
PEPFAR	Ms. Luccille Benaventure/Coordinator	B1,B3,B4
SWANEPHA	Mr. Vusi Dlamini/ Programmes Officer	B3,B4
Church Forum	National Programme Officer	B1,B2,B3,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: 2009-2014. an eNSF 2014-2018 commences on 01 April 2014

IF YES, briefly describe key developments/modifications between the current national strategy and the prior one. IF NO or NOT APPLICABLE, briefly explain why.: The eNSF adopts the results based planning management and also the Investment approach. It priorities 11 programmes as a combination approach. Current NSF ending this year. Prevention focus was increased in this strategy due to evidence from research and surveys (DHS 2007, MOT 2009, Research papers, Regional/International Agreements). Programmes were addressing challenges highlighted in previous strategy. E.g. condoms distribution has now focused on addressing supply chain challenges. NSF incorporates issues of policy and law unlike previous plan. Clear policy analysis is incorporated in the write-up and laws facilitating or impeding programmatic responses are highlighted. For the e-NSF: The focus is now on prevention of new infections. Prevention is still a key focus area. Attention is given to the intersection of programmes/thematic areas or synergy amongst thematic areas is now a focus. Leveraging is a key factor. Custodianship of programmes in government is clearly documented and highlights the growing commitment from government to assume more financial responsibility for the national response. Sustainability is has also been prioritized in the face of reducing donor funding. Strategies for sustainability are documented

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?: Prime Ministers Office Deputy Prime Ministers Office Ministry of Health Ministry of Education Ministry of Tinkhundla Administration and Development Ministry of Agriculture National Emergency Council on HIV and AIDS (NERCHA)

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

Education:

Included in Strategy: Yes

Earmarked Budget: Yes

Health:

Included in Strategy: Yes

Earmarked Budget: Yes

Labour:

Included in Strategy: Yes

Earmarked Budget: Yes

Military/Police:

Included in Strategy: No

Earmarked Budget: Yes

Social Welfare:

Included in Strategy: Yes

Earmarked Budget: Yes

Transportation:

Included in Strategy: Yes

Earmarked Budget: No

Women:

Included in Strategy: Yes

Earmarked Budget: 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?:

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: Yes

Men who have sex with men: No

Migrants/mobile populations: Yes

Orphans and other vulnerable children: Yes

People with disabilities: No

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?:

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]:

: No

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

1.6. Does the multisectoral strategy include an operational plan?: No

1.7. Does the multisectoral strategy or operational plan include:

a) **Formal programme goals?:** N/A

b) **Clear targets or milestones?:** N/A

c) **Detailed costs for each programmatic area?:** N/A

d) **An indication of funding sources to support programme implementation?:** N/A

e) **A monitoring and evaluation framework?:** N/A

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.: they sit in the Programme Technical Working Groups./ CSO is often consulted on strategy development The following sectors that have participated in the development of the strategy demonstrate comprehensive inclusiveness: Private companies, PLHIV, Faith-based organisations, CBOs Establishment of communities of practice and networks Consultations through thematic technical working groups Existence of a functioning NGO Coordinating council (CANGO) Involvement of both print and electronic media houses including the Media Institute for Southern Africa (MISA) Involvement of the traditional sector through the group called Khulisa Subject matter technical experts are documented and on record to have worked with the country on processes for development of the strategy.

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: Yes

National Development Plan: Yes

Poverty Reduction Strategy: Yes

National Social Protection Strategic Plan: Yes

Sector-wide approach: Yes

Other [write in]: National Plan of Action for Children

: 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): Yes

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

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

Reduction of stigma and discrimination: Yes

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]:

:

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

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

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

Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications and children: The Health Systems Strengthening Strategic Plan (HSS) outlines the needs and strategies for addressing these and a new one is being drafted.

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:** None
- g) **ART and chronic Non-Communicable Diseases:** None
- 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: Prioritization has been improved. Prevention is a thread that is wound throughout the response and therefore brings focus to the HIV response. Integration within programmes has been greatly improved resulting in greater leverage. Evidence-based planning has grown in its application during the development of the plan and is even more evident in the soon to be launched e-NSF. This is exemplified in the pilot programmes and operations research needs listed for consideration. More resource efficiency in implementation. Programme efficacy as exemplified in the reduction in HIV Incidence 4.4. in 2004 to 2.9 in 2011. OVC programming has been streamlined and now lies with DPMs office who coordinating.

What challenges remain in this area:: Lack of competitive remuneration for professional/technical level staff. Organisations are facing attrition. Reduced funding is resulting in layoffs and many organisations are not struggling to catch up with this reality. There are no organisational change experts helping with downsizing. Although prevention is key, the investment earmarked for this area of the response is not commensurate in this regard. While the e-NSF has listed specific targets under each programmatic area, there is need for more targeting under prevention.

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: HIV has been mainstreamed in all the sectors of government. The His Majesty the King, the head of government, the PM his deputy have all addressed the issue of HIV in various fora. At the recent opening of parliament in February 2014, the King spoke about Government’s commitment to HIV by announcing continued funding for ARVs. In the 2014/15 budget, the Government has committed to continue financing and procuring all ARVs in the country. The budget for drugs has been increased in this financial year, to also cater for the change in the treatment guidelines

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

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

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

Have terms of reference?: Yes

Have active government leadership and participation?: Yes

Have an official chair person?: Yes

IF YES, what is his/her name and position title?: Chief Nzabankhulu Simelane

Have a defined membership?: Yes

IF YES, how many members?: 16 Members

Include civil society representatives?: Yes

IF YES, how many?: 7 Members

Include people living with HIV?: Yes

IF YES, how many?: 1 member

Include the private sector?: Yes

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

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

IF YES, briefly describe the main achievements:: The board of NERCHA. This forum brings together representatives from various sectors to provide guidance to the national response and it is an important avenue for inclusiveness. As GFATM is one of the key donors for the HIC response in Swaziland, the CCM is one of the coordinating mechanisms with representation from government, civil society organizations, and the private sector Forums for HIV advocacy, lobbying, programme discussion and implementation for in Swaziland. These include various technical working groups as per programmatic areas, topical areas including SPAFA.

What challenges remain in this area:: HIV is not a health issue. The bio-medical perception is still pervasive, making the debate, sometimes lopsided. This is a challenge in other instances. The stereotyping of HIV as a health issue is threatening other aspects such as impact mitigation resulting in resources being re-directed to cover more bio-medical aspects of the national response. The lack of standing meeting mechanisms to ensure regular awareness of multi-sectoral issues.

4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?: 34

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]: Facilitating CSO participation

: Yes

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

6.1. IF YES, were policies and laws amended to be consistent with the National HIV Control policies?: Yes

IF YES, name and describe how the policies / laws were amended: Education policy (FPE) Social sector policy (Children Protection Act)

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?: 8

Since 2011, what have been key achievements in this area:: Budget increased for HIV. Circumcision services upscaled Traditional authorities leadership being circumcised Parents consenting to circumcision. Political commitment seen at all levels. Support in terms of funding. Govt procures ARVs Government absorption of donor funded posts.

What challenges remain in this area:: Documentation of best practices. Role modelling amongst leadership. Dwindling funds, limited donors. Funds being shifted to other areas of development

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: Yes

Transgender people: No

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations [write in]:

: No

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

IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws:: The constitution provides the nondiscrimination National HIV Policy. for all Swazi citizens

Briefly explain what mechanisms are in place to ensure these laws are implemented:: The police, courts and the traditional justice system.

Briefly comment on the degree to which they are currently implemented:: These are being implemented in accordance with the provisions of the law.

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: Yes

Prevent mother-to-child transmission of HIV: Yes

Promote greater equality between men and women: Yes

Reduce the number of sexual partners: Yes

Use clean needles and syringes: Yes

Use condoms consistently: Yes

Other [write in]:

: No

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?: Yes

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?: Yes

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

Briefly describe the content of this policy or strategy:: The SBSS SBCC strategy covers MARPS

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

People who inject drugs: Drug substitution therapy

Men who have sex with men: 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)

Sex workers: Condom promotion, 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)

Customers of sex workers: 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)

Prison inmates: 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)

Other populations [write in]::

:

3.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate policy efforts in support of HIV prevention in 2013?: 8

Since 2011, what have been key achievements in this area::

What challenges remain in this area::

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

IF YES, how were these specific needs determined?: The needs were informed by the following empirical data and studies: - Demographic and Health Survey 2007. - ANC Surveillance reports from 2002 – 2010. - Modes of transmission 2009. - Swaziland HIV Incidence Measurement Survey SHMS 2011 - Multiple Indicator Cluster Survey 2010 - Service Availability

mapping reports. (2010 - 2013)

IF YES, what are these specific needs? : Non-biomedical interventions including: - Social Behaviour Change Communication on reduction of Multiple Concurrent Partnerships, increasing knowledge of HIV and targeted interventions for key populations. - HTC - Consistent Condom use - PMTCT - Medical Male circumcision - PEP - Blood safety - Treatment for prevention

4.1. To what extent has HIV prevention been implemented?

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

Blood safety: Strongly agree

Condom promotion: Strongly agree

Economic support e.g. cash transfers: Strongly agree

Harm reduction for people who inject drugs: N/A

HIV prevention for out-of-school young people: Strongly agree

HIV prevention in the workplace: Strongly agree

HIV testing and counseling: Strongly agree

IEC on risk reduction: Strongly agree

IEC on stigma and discrimination reduction: Strongly agree

Prevention of mother-to-child transmission of HIV: Strongly agree

Prevention for people living with HIV: Strongly agree

Reproductive health services including sexually transmitted infections prevention and treatment: Strongly agree

Risk reduction for intimate partners of key populations: Disagree

Risk reduction for men who have sex with men: Agree

Risk reduction for sex workers: Agree

Reduction of gender based violence: Agree

School-based HIV education for young people: Strongly agree

Treatment as prevention: Strongly agree

Universal precautions in health care settings: Strongly agree

Other [write in]::

:

5. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in implementation of HIV prevention programmes in 2013?: 7

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:: - HTCS and linkages to treatment - Pre-ART - ART - Treatment as prevention - Task sharing, NARTIS - Continued procurement of ARVs by government - Continued and greater involvement of PLHIV - Human resources required for treatment programmes

Briefly identify how HIV treatment, care and support services are being scaled-up?: - Task sharing: The roll out of NARTIS helps address issues of access. - Decentralisation of ART services by increasing initiation, refill and ART sites - Purchase of CD4 and POC equipment facilitating more sites being designated as initiation points - Integration of ART services with TB - Integration of FP in HTC and (ART?) - Test and treat for children 0-14 - Adoption of new strategies e.g. PMTCT Option B+ - PITC

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: Agree

Economic support: Strongly agree

Family based care and support: Strongly agree

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

HIV testing and counselling for people with TB: Strongly agree

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

Nutritional care: Strongly agree

Paediatric AIDS treatment: Strongly agree

Palliative care for children and adults Palliative care for children and adults: Strongly agree

Post-delivery ART provision to women: Strongly agree

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

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

Psychosocial support for people living with HIV and their families: Strongly agree

Sexually transmitted infection management: Strongly agree

TB infection control in HIV treatment and care facilities: Strongly agree

TB preventive therapy for people living with HIV: Strongly agree

TB screening for people living with HIV: Strongly agree

Treatment of common HIV-related infections: Strongly 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:

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

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

IF YES, for which commodities?: - All health products and 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?: 8

Since 2011, what have been key achievements in this area: - Decentralisation and task sharing - Government's continued commitment to procuring ARVs - The number of people on ART has increased to close to 90,000. (>80% in-need) - Adoption of WHO clinical staging guidelines from <200-to-<300-to-<500 CD4 cells/m³ - Early Infant Diagnosis and its impact on paediatric ART. - Purchase of point of care CD4 machines to scale up laboratory capacity. - Nutrition support through the food by prescription programme.

What challenges remain in this area: Treatment access and uptake for children

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?: 9

Since 2011, what have been key achievements in this area: - Coordinated effort towards meeting the needs of the children - Assistance from Govt, Min of Educ, Dept of Social welfare ensuring OVCs get assistance in going to school. - Also this is outlined under in the Education for all Act, which provides for Free Primary Education. In 2013, this assistance in 2013 goes went up to Grade 5 and will increase up to Grade 6 in 2014, with an aim of having Free Primary Education for all

by 2015. - 1500 NCPs with 56,000 children serviced by the same points and with trained care givers. School feeding is in all schools. These centres should also be used for health services, education. - Caregivers trained in all communities. - In all the chiefdoms, at least one hectare should be provided for farming inputs for OVCs. - National Plan of Action for 2011 - 2015, has been changed to address not only OVCs but all children.

What challenges remain in this area: - Coordinated effort towards meeting the needs of the children - Leadership from Govt, Min of Educ, Dept of Social welfare ensuring OVCs get assistance in going to school. Also this under the education for all act. This assistance in 2013 goes up to grade 5 and will increase up to grade 6 in 2014. - 1500 NCPs with 56,000 children serviced by the same points. School feeding is in all schools. These centres should also be used for health services, education. - Caregivers trained in all communities. - In all the chiefdoms, at least one hectare should be provided for farming inputs for OVCs. - National plan of action for 2011 - 2015, has been changed to address not only OVCs but all children. - Coordination amongst donors still remains a challenge, resulting in duplication of efforts. - Level of poverty is high, chronic poverty is 27%. How are these targeted? Operationalization of targeting should target the poor of the poorest. - Increase in child-headed households. - Orphan children on treatment is a new phenomenon, with concerns over issues of disclosure. Drop-out rates have been noted. High defaulter rate for TB/HIV is high especially in children.

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:: low reporting. low feedback in time to inform planning data quality

1.1. IF YES, years covered: Current plan covers the period 2009 - 2014, and this is under review to align with the new Extended NSF for the 2014 - 2018.

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

Briefly describe what the issues are:: unfamiliarity with M&E. Cost of M&E Absence of M&E posts

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: Yes

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

Guidelines on tools for data collection: Yes

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

3.1. IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities?: 7

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

Briefly describe any obstacles:: High staff attrition. Posts reliant on donor financing

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?
National M&E Coordinator	Full-time	2005
SHAPMoS Manager	Full-time	2005
Research Manager	Full-time	2011
3 National M&E Officers	Full-time	2005
4 Regional M&E Officers	Full-time	2005

POSITION [write in position titles]	Fulltime or Part-time?	Since when?
M&E intern	Temps plein	2013

4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?: Yes

Briefly describe the data-sharing mechanisms:: Mentoring support by National Office M&E Technical Working Group

What are the major challenges in this area:: Weak capacity for M&E low budgets in organisations

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.: SAHPData. Managed by NERCHA. also the Geographic Information System archives M&E data.

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: Yes

IF YES, at what level(s)?: regional

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?: migrant workers sex workers youth employees

Briefly explain how this information is used:: to analyse data and present reports

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

IF YES, at which geographical levels (provincial, district, other)?: regional . 4 regions

Briefly explain how this information is used:: regional dissemination of service coverage

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:: M&E information was used to generate the eNSF.

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

At national level?: Yes

IF YES, what was the number trained::

At subnational level?: Yes

IF YES, what was the number trained:

At service delivery level including civil society?: Yes

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: Training on Treatment as prevention Elimination of mother to child transmission

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?: 8

Since 2011, what have been key achievements in this area?: Using M&E information to inform planning- eNSF
Developing a draft Research Agenda

What challenges remain in this area?: capacity, timely reporting data quality

B.I Civil Society involvement

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

Comments and examples: - Civil Society has mobilised participation of political leaders in national observance days such as World AIDS Day - CSOs are documented to have participated in planning, implementation and review processes. - CSOs has brought to the attention of relevant authorities issues of discrimination especially on access to HIV prevention treatment care and support

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)?: 4

Comments and examples: - Acknowledges that NERCHA is the coordinator of the strategic plan. - CSOs participate at all levels of planning. - Was able to cite the existence of the latest plan. - Able to reference the faith-based participation well.

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?: 5

b. The national HIV budget?: 2

c. The national HIV reports?: 5

Comments and examples: - For the strategic plan, CSO services are well articulated in the thematic areas. - Strategic focus areas include those of the CSOs. These areas show the important role of the CSOs in the national response. - For example in the national HIV budget, as part of the strategic plan, resource allocations. - On the reports, like UNGASS, civil society components are included and well highlighted. - SHAPMOS has been setup exclusively to capture the CSO response.

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?: 4

b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?: 4

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

Comments and examples: - CSOs have participated in the development of these plans either in a consultative manner or as part of technical writing team. - Participation in coordination of M&E is also availed to CSOs. - In terms of decision making, this occurs at the sector level through forums but at the organisational level, this is a weakness. The national level has not fostered decision making or provided support in this regard.

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)?: 4

Comments and examples: - The response is inclusive of diverse groups. Notwithstanding, diverse groups are not fully included. The lack of groups in the area of LGBT and sex-work limits the inclusiveness. - These will take a while to be addressed, making the national response more inclusive.

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?: 2

b. Adequate technical support to implement its HIV activities?: 5

Comments and examples: Faith based sector has been struggling with finances for a while. For example, a youth programme activities unable to take off and are normally rolled over to the following year due to lack of fundings. This scenario is endemic across the sector. - Government is providing grants that cover admin support and yet programme funds are required for implementing programme activities. - Technical support from NERCHA and UN agencies is provided. These have been consistent. For example, Church forum is working on a strategic plan that is comprehensive on the national faith based response. UNDP has provided support in this regard.

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: >75%

Men who have sex with men: >75%

People who inject drugs: >75%

Sex workers: >75%

Transgender people: <25%

Palliative care : 25-50%

Testing and Counselling: <25%

Know your Rights/ Legal services: 51-75%

Reduction of Stigma and Discrimination: >75%

Clinical services (ART/OI): 25-50%

Home-based care: 25-50%

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?: 4

Since 2011, what have been key achievements in this area?: - Capacity building of CSOs in HIV service delivery. - Wider participation in planning and review processes of the national response. - Representation at decision making levels e.g. CCM.

What challenges remain in this area?: - Interesting remark on communication challenges in new directions being taken for the national response. - Streamlining participation in new dispensation such as investment framework, the three ones principle shift

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?: - Policy formulation, strategy development processes have been the main avenue for engaging with these groups. - Financially, the Global Fund application process has been made to be transparent and objective to ensure broad-based and objective participation.

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: No

Orphans and other vulnerable children: Yes

People with disabilities: Yes

People who inject drugs: No

Prison inmates: No

Sex workers: No

Transgender people: No

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations [write in]::

: No

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

IF YES to Question 1.1 or 1.2, briefly describe the contents of these laws:: - The National Constitution with references to Overall Human Rights.

Briefly explain what mechanisms are in place to ensure that these laws are implemented:: The following national institutions are in place to ensure these laws are enforced: - Min of Justice, the courts - Police service - Human rights commission. - Lawyers.

Briefly comment on the degree to which they are currently implemented:: - These are institutions we well established and well versed in the implementation of the laws.

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: Yes

Migrants/mobile populations: No

Orphans and other vulnerable children: No

People with disabilities: No

People who inject drugs: Yes

Prison inmates: No

Sex workers: Yes

Transgender people: Yes

Women and girls: No

Young women/young men: No

Other specific vulnerable populations [write in]:

: No

Briefly describe the content of these laws, regulations or policies:: - These laws categorize sex work, IDU, MSM and transgender as illegal and therefore criminal and liable for prosecution.

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.: National Gender Policy 2010 - Aims to redress the inequities between women and men. - Provides a vision to improve the living conditions of women and men including practical and forward looking guidelines and strategies for the implementation, monitoring and evaluation of the related constitutional provisions. - Domestic & Sexual Offences Bill - Parliament has passed this law and it is awaiting enactment by the King.

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:: Human rights together with Gender are recognised as cross cutting in the strategy. Human rights are principles the government subscribes to. Human rights are articulated in the results framework.

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?: Yes

IF YES, briefly describe this mechanism:: The Human rights Commission deals with these cases.

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: Yes

Provided, but only at a cost: Yes

HIV prevention services:

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

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?: PLHIV for ART services
Young people and generally sexually active adult individuals for Prevention Services. OVCs for care and support services.
Pregnant women for both Prevention and ART 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?: No

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::

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)?: Yes

IF YES, briefly describe the content of the policy or law:: - Employment Act (1980) - International Laws to which Swaziland subscribes

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

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

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

IF YES on any of the above questions, describe some examples:: The Human Rights Commission

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?: Yes

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

a. Legal aid systems for HIV casework: No

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

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

IF YES, what types of programmes?:

Programmes for health care workers: Yes

Programmes for the media: Yes

Programmes in the work place: Yes

Other [write in]:

: No

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

Since 2011, what have been key achievements in this area?: - The development of the National Gender Policy - Passing of the Children's act - Domestic and sexual Offenses Bill

What challenges remain in this area?: - Time taken for bills to be turned into laws. - Bureaucratic processes in adopting international agreements.

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

Since 2011, what have been key achievements in this area?: - Greater awareness of the rights of PLHIV and the general population on HIV and Human Rights. - The establishment of Gender and Family Affairs Unit in the DPMs office.-

What challenges remain in this area?: - Prevalent Gender-based Violence and the prosecution of cases in this regard as a deterrent. - Comprehensive understanding of Human Rights issues. - The final stage of getting the Domestic and Sexual offenses bill assented to by the King.

B.IV Prevention

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

IF YES, how were these specific needs determined?: - Through surveys and research. Eg.E.g. DHS 2007, MICS 2010, MOT 2009, SHIMS 2012. - Through literature reviews.

IF YES, what are these specific needs? : - Reduction of Multiple Concurrent Sexual Partnerships - Increasing Knowledge of HIV and AIDS - Addressing the effects of GBV on HIV - Increasing consistent condom use - Ensuring blood donation processes are safe

1.1 To what extent has HIV prevention been implemented?

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

Blood safety: Strongly agree

Condom promotion: Strongly agree

Harm reduction for people who inject drugs: Strongly disagree

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

HIV prevention in the workplace: Strongly agree

HIV testing and counseling: Strongly agree

IEC on risk reduction: Strongly agree

IEC on stigma and discrimination reduction: Strongly agree

Prevention of mother-to-child transmission of HIV: Strongly agree

Prevention for people living with HIV: Disagree

Reproductive health services including sexually transmitted infections prevention and treatment: Strongly agree

Risk reduction for intimate partners of key populations: Agree

Risk reduction for men who have sex with men: Disagree

Risk reduction for sex workers: Disagree

School-based HIV education for young people: Strongly agree

Universal precautions in health care settings: Strongly 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?: 7

Since 2011, what have been key achievements in this area?: - Scale up of HIV services e.g. HTC has two strategies PITC and VTC. - Mass communication campaigns have continued to be implemented. - Reduced HIV incidence. - More people have been reached with HTC, SBCC services. - Male circumcision has been implemented increasing the numbers circumcised.

What challenges remain in this area?: - Inadequate funding for prevention activities. - Lack of information on key population groups and the challenge posed by laws criminalizing them. - Scaling up of youth prevention to reach more rural youth.

B.V Treatment, care and support

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

IF YES, Briefly identify the elements and what has been prioritized:: - HTC - Pre-ART & ART - Integration of TB and HIV

Briefly identify how HIV treatment, care and support services are being scaled-up?: - Primarily through task shifting whereby Nurses can now initiate patients on treatment. - Decentralization of services to more facilities, making ART more accessible.

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:

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

HIV testing and counselling for people with TB: Strongly agree

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

Nutritional care: Agree

Paediatric AIDS treatment: Agree

Post-delivery ART provision to women: Agree

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

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

Psychosocial support for people living with HIV and their families: Strongly agree

Sexually transmitted infection management: Strongly agree

TB infection control in HIV treatment and care facilities: Strongly agree

TB preventive therapy for people living with HIV: Strongly agree

TB screening for people living with HIV: Strongly agree

Treatment of common HIV-related infections: Strongly 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?: 8

Since 2011, what have been key achievements in this area: - Governments commitment to procure ARVs - Introduction of treatment for prevention programmes - Decentralization of ART services. - The continued roll-out of task shifting initiatives.-

What challenges remain in this area: - Getting more men onto treatment programmes. - Stigma associated with being on ART. - TB/HIV co-infection is not fully operational

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?: 8

Since 2011, what have been key achievements in this area: - Governments Free Education for primary school level - The school feeding programme - The existence of the children’s unit in the DPMs office. - Establishment of children’s court. - Coordination of OVC activities through the DPMs office.

What challenges remain in this area: - Reduced funding for OVC activities by donors. - Integrating OVC activities with other social welfare programmes has not been fully realized. - Graduation or taking children off welfare.