

**COUNTRY:**

Montenegro

**Name of the National AIDS Committee Officer in charge:**

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**Instructions****BACKGROUND**

The following instrument measures one of the National Commitment and Action indicators, the National Composite Policy Index (NCPI), designed to assess progress in the development and implementation of national AIDS policies and strategies. It is an integral part of the list of core UNGASS indicators and is to be completed and submitted as part of the 2007 UNGASS Country Progress Report. This third version of the NCPI has been updated to reflect new AIDS programmatic guidance and to be consistent with new and agreed to policy and implementation measurement tools.[1] NCPI data were also submitted in previous UNGASS reporting rounds in 2003 and 2005. Countries are strongly advised to conduct a trend analysis on the key questions and include a description of the findings in the 2007 Country Progress Report. [ 2]

**STRUCTURE OF THE QUESTIONNAIRE**

The NCPI is divided into two parts: Part A to be administered to government officials. Part A covers five areas: 1. Strategic plan 2. Political support 3. Prevention 4. Treatment, care and support 5. Monitoring and evaluation Part B to be administered to representatives from nongovernmental organizations, bilateral agencies, and UN organizations Part B covers four areas: 1. Human rights 2. Civil society involvement 3. Prevention 4. Treatment, care and support The overall responsibility for collating and submitting the information requested in the NCPI lies with the National Governments, through officials from the National AIDS Committee (NAC) (or equivalent) with support from UNAIDS and other partners.

## PROPOSED STEPS FOR DATA GATHERING

1. **Designation of two technical coordinators for the study (one for part A; one for part B)** Technical coordinators should be given responsibility to undertake the desk review and carry out interviews to answer specific questions. Preferably, the technical coordinator for Part A should be from the NAC (or equivalent) and for Part B should be a person outside the government. These persons should ideally be familiar with the issues and have a monitoring and evaluation background, and may request the assistance of consultants with a similar background.

2. **Data gathering** Each section should be completed by (a) desk review and (b) interviewing key people most knowledgeable about that topic: • **Strategic Plan and Political Support:** the Director or Deputy Director of the National AIDS Programme or National AIDS Council, the Heads of the AIDS Programme at provincial and at district levels and UNAIDS • **Monitoring and Evaluation:** Officers of the National AIDS Committee or equivalent, Ministry of Health, HIV focal points of other ministries. • **Human rights:** Ministry of Justice officials, human rights commissioners, and representatives of human rights and other relevant nongovernmental organizations and legal aid centres/institutions, persons living with HIV. • **Civil society participation:** key representatives of major civil society organizations working in the area of HIV, persons living with HIV. • **Prevention and Treatment, care and support:** Ministries and major implementing agencies/organizations in those areas, including nongovernmental organizations and persons living with HIV.

3. **Data entry, analysis and interpretation** Once the NCPI is fully completed, the technical coordinators need to carefully review all responses to determine if additional consultations or review of more documents are needed. It is important to analyze the data for each of the NCPI sections and include a write-up in the Country Progress Report in terms of progress made in policy/strategy development and implementation of programmes to tackle the country's AIDS epidemic. Comments on the agreements/discrepancies between overlapping questions in Part A and Part B should also be included, as well as a trend analysis on the key NCPI data since 2003, where available. The NCPI findings need to be presented, discussed and agreed during the national UNGASS consultation workshop (see 4 below). It is strongly encouraged to enter the final agreed data in the Country Response Information System (CRIS). If this is not possible, an electronic version of the completed questionnaire should be submitted as an annex to the Country Progress Report.

4. **Consultation workshop organized by the NAC (or equivalent)** It is strongly recommended that the NAC (or equivalent) organizes a one-day broad consultation forum to discuss and endorse the major findings of the UNGASS Country Progress Report, including the results from the NCPI. It is expected that civil society organizations, including faith-based organizations, people living with HIV, gender equality groups, women's rights groups, human rights/legal advocacy organizations, and other major nongovernmental organizations are invited to participate.

**IMPORTANT:** Please submit the completed NCPI to the UNAIDS Evaluation Department in Geneva by 31 January 2008 ([ungassindicators@unaids.org](mailto:ungassindicators@unaids.org)).

[1] Policy and Planning Effort Index or children orphaned and made vulnerable by HIV/AIDS, UNICEF 2005; Scaling up Towards Universal Access, UNAIDS 2006; Setting National Targets for Moving Towards Universal Access, UNAIDS 2006; Practical Guidelines for Intensifying HIV Prevention; UNAIDS 2007 [2] see Guidelines on construction of core indicators, UNAIDS 2002 and UNAIDS 2005, respectively, for the key questions in previous NCPI questionnaires

NCPI Respondents

[Indicate all respondents whose responses were compiled to fill out (parts of) the NCPI in the below table]

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

## Other respondents to Part A

Organisation	Institut for public health
Name/Position	MD,Boban Mugosa,, director IPH
Respondents to Part A [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
Organisation	Institut for public health
Name/Position	MD, Marjanovic Aleksandra, National AIDS office secretary NAC
Respondents to Part A [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
Organisation	Centar for blood transfusion Clinical Centre of Montenegro
Name/Position	MD,Gordana Rasovic head of Centre for blood transfusion CTKCCG
Respondents to Part A [indicate which parts each respondent was queried on]	A.III / A.IV
Organisation	Clinic for Infectious disease Clinical Centre of Montenegro
Name/Position	MD,Nenad Draskovic infectologist
Respondents to Part A [indicate which parts each respondent was queried on]	A.III / A.IV

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

## Other respondents to Part B

Organisation	NGO CAZAS
Name/Position	Vladan Golubovic ,programme manager
Respondents to Part B [indicate which parts each respondent was queried on]	B.I / B.II / B.III
Organisation	NGO JUVENTAS
Name/Position	Tijana Pavicevic,programme manager
Respondents to Part B [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
Organisation	Institut for public health
Name/Position	MD,Boban Mugosa,vice president NAC, director IPH
Respondents to Part B [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
Organisation	Institut for public health
Name/Position	MD, Marjanovic Aleksandra, National AIDS office secretary of NAC
Respondents to Part B [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV

**Note: In the NCPI answers, N/A stands for "Not Applicable"**

**Part A. Section I. Strategic plan**

**PART A**

**[to be administered to government officials]**

**I. STRATEGIC PLAN**

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

Yes

**IF YES, period covered:**

2005-2009

**IF NO or N/A, briefly explain**

**IF YES, complete questions 1.1 through 1.10; otherwise, go to question 2.**

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

3

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

Health	Strategy/Action framework	Yes
Health	Earmarked budget	Yes
Education	Strategy/Action framework	No
Education	Earmarked budget	No
Labour	Strategy/Action framework	No
Labour	Earmarked budget	No
Transportation	Strategy/Action framework	No
Transportation	Earmarked budget	No
Military/Police	Strategy/Action framework	No
Military/Police	Earmarked budget	No
Women	Strategy/Action framework	No
Women	Earmarked budget	No
Young people	Strategy/Action framework	No
Young people	Earmarked budget	No
Agriculture	Strategy/Action framework	No
Agriculture	Earmarked budget	No
Finance	Strategy/Action framework	No
Finance	Earmarked budget	No
Human Resources	Strategy/Action framework	No
Human Resources	Earmarked budget	No
Justice	Strategy/Action framework	No
Justice	Earmarked budget	No
Minerals and Energy	Strategy/Action framework	No
Minerals and Energy	Earmarked budget	No
Planning	Strategy/Action framework	No
Planning	Earmarked budget	No
Public Works	Strategy/Action framework	No
Public Works	Earmarked budget	No
Tourism	Strategy/Action framework	No
Tourism	Earmarked budget	No
Trade and Industry	Strategy/Action framework	No
Trade and Industry	Earmarked budget	No

**IF NO earmarked budget, how is the money allocated?**

GFATM from over the half (57,%) and other national resources 37,3%

**Part A. Section I. Strategic plan**

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

a. Women and girls	No
b. Young women/young men	Yes
c. Specific vulnerable sub-populations[3]	Yes
d. Orphans and other vulnerable children	No
e. Workplace	Yes
f. Schools	Yes
g. Prisons	No
h. HIV, AIDS and poverty	No
i. Human rights protection	No
j. Involvement of people living with HIV	Yes
k. Addressing stigma and discrimination	No
l. Gender empowerment and/or gender equality	No

**[3]Sub-populations that have been locally identified as being at higher risk of HIV transmission (injecting drug users, men having sex with men, sex workers and their clients, cross-border migrants, migrant workers, internally displaced people, refugees, prisoners, etc.).**

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

Yes

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

2004

**IF NO, how were target populations identified?**

**1.5 What are the target populations in the country?**

Youth, IDUs, SWs, MSM, Sailors, People working in tourism and hotel management, Roma and prisoners

**Part A. Section I. Strategic plan**

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

Yes

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

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

**1.8 Has the country ensured "full involvement and participation" of civil society[4] in the development of the multisectoral strategy/action framework?**

Active involvement

**IF active involvement, briefly explain how this was done:**

The Strategy framework guides the design and implementation of the interventions within the overall national programming, governmental and non-governmental sector and serve as the basis for developing of the sustainable system for monitoring and evaluating the effectiveness of the national response .

**IF NO or MODERATE involvement, briefly explain:**

**[4]Civil society includes among others: Networks of people living with HIV; women's organizations; young people's organizations; faith-based organizations; AIDS service organizations; Community-based organizations; organizations of key affected groups (including MSM, SW, IDU, migrants, refugees/displaced populations, prisoners); workers organizations, human rights organizations; etc. For the purpose of the NCPI, the private sector is considered separately.**

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

Yes

**Part A. Section I. Strategic plan**

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

Yes, all partners

**IF SOME or NO, briefly explain**

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

Yes

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

c) Poverty Reduction Strategy Papers

e) Other:

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

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

**Part A. Section I. Strategic plan**

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

N/A

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

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

No

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

Behavioural change communication

Condom provision

HIV testing and counselling(\*)

STI services

Treatment

Care and support

Other::

**(\*)If HIV testing and counselling has been implemented for uniformed services beyond the pilot stage, what is the approach taken? Is it voluntary or mandatory (e.g. at enrolment)? Briefly explain:**

**Part A. Section I. Strategic plan**

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

Yes

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

No

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

No

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

No

**5.4 Is HIV and AIDS programme coverage being monitored?**

Yes

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

Yes

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

Yes

**IF YES, which population sub-groups?**

MSM, SWs, IDUs, Roma, Prisoners,

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

No

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

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

Yes

**Part A. Section I. Strategic plan**

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

2007	7
2005	3

**Comments on progress made in strategy planning efforts since 2005:**

During the first two years of implementation of the National Strategy Montenegro has made considerable progress in establishing the normative framework for HIV prevention and treatment and in procuring essential equipment and commodities. -A range of national guidelines and protocols have been produced -Harm reduction programmes have been integrated into Primary health Center -Improved access to treatment and diagnostic -VCT network has been established with 5 VCT Centers

**Part A. Section II. Political Support**

## II. POLITICAL SUPPORT

**Strong political support includes government and political leaders who speak out often about AIDS and regularly chair important meetings, allocation of national budgets to support the AIDS programmes and effective use of government and civil society organizations and processes to support effective AIDS programmes.**

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

President/Head of government	Other	No
high officials		Yes
Other officials in regions and/or districts		No

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

Yes

#### IF NO, briefly explain:

#### 2.1 IF YES, when was it created? Year:

2001

#### 2.2 IF YES, who is the Chair?

Name Title/Function

Miodrag Radunovic

MD, Minister of health

#### 2.3 IF YES, does it:

have terms of reference?	Yes
have active Government leadership and participation?	Yes
have a defined membership?	Yes
include civil society representatives? (*) include people living with HIV?	Yes
include the private sector?	Yes
have an action plan?	Yes
have a functional Secretariat?	Yes
meet at least quarterly?	Yes
review actions on policy decisions regularly?	Yes
actively promote policy decisions?	Yes
provide opportunity for civil society to influence decision-making?	Yes
strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?	Yes

#### (\*) If it does include civil society representatives, what percentage?

15%

**Part A. Section II. Political Support**

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

Yes

**3.1 IF YES, does it include?**

Terms of reference Defined	Yes
membership Action plan	Yes
Functional Secretariat Regular	No
meetings (*)	Yes
	Yes

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

at least quarterly

**IF YES, What are the main achievements?**

Promoting interaction between government, people living with HIV, civil society and the private sector for implementing HIV and AIDS strategies and programmes. Discussing and making agreement on common activities, 1 December Campaign, solving actual problems and holding regular meetings and preparing reports for MoH.

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

Main challenges in working of this body are joint work of civil and public sector and active participation of PLHIV.

**Part A. Section II. Political Support**

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

0

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

Information on priority needs and services	Yes Technical guidance/materials
	No
Drugs/supplies procurement and distribution	No
Coordination with other implementing partners	Yes
Capacity-building	Yes

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

No

**6.1 IF YES, were policies and legislation amended to be consistent with the National AIDS Control policies?**

**6.2 IF YES, which policies and legislation were amended and when?**

**Part A. Section II. Political Support**

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

2007 5

2005 5

**Comments on progress made in political support since 2005:**

Adopted National HIV/AIDS Strategy by the Government of Montenegro. President of NAC is the Minister of Health and the honorable president is President of Montenegro.

**Part A. Section III. Prevention**

**III. PREVENTION**

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

No

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

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

Yes

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

No

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

primary schools? secondary schools? teacher training?

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

No

No

No

No

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

No

**Part A. Section III. Prevention**

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

Yes

**IF NO, briefly explain:**

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

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

**(\*)If Other sub-populations, indicate which sub-populations**

sailors,Roma

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

2007	5
2005	3

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

Support to designing, developing and involving the subject "Healthy Life Styles" in elementary schools.

**Part A. Section III. Prevention**

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

No

**IF NO, how are HIV prevention programmes being scaled-up?:**

Montenegro is a small country with about 600000 of population, and there is no official division by districts or territorially. HIV programs could be improved based on ongoing surveys and the results of these surveys will be published soon, based on which preventive interventions will be scaled-up.

**\* Districts or equivalent geographical/de-centralized level in urban and rural areas**

**Part A. Section III. Prevention**

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

2007	5
2005	3

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

**IV. TREATMENT, CARE AND SUPPORT**

**1. Does the country have a policy or strategy to promote comprehensive HIV treatment, care and support? (Comprehensive care includes, but is not limited to, treatment, HIV testing and counselling, psychosocial care, and home and community-based care).**

Yes

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

Yes

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

N/A

**IF NO, how are HIV and AIDS treatment, care and support services being scaled-up?**

**\*Districts or equivalent de-centralized governmental level in urban and rural areas**

**Part A. Section IV. Treatment, care and support**

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

No

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

No

**4.1 IF YES, for which commodities?:**

**Part A. Section IV. Treatment, care and support**

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

2007	6
2005	4

**Comments on progress made since 2005:**

Following up success of therapy (PCR and CD 4 counter IPH) , solving problems of centralised and continuous supplying of ARV

**Part A. Section IV. Treatment, care and support**

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

N/A

**Part A. Section V. Monitoring and Evaluation**

**V. MONITORING AND EVALUATION**

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

Yes

**IF YES, Years covered:**

2005-2009

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

Yes

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

Yes

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

Yes, all partners

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

Yes

a data collection and analysis strategy behavioural surveillance

Yes

Yes

HIV surveillance

Yes

a well-defined standardized set of indicators guidelines on tools for

Yes

data collection

a strategy for assessing quality and accuracy of data

Yes

a data dissemination and use strategy

Yes

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

In progress

**IF YES, Years covered:3.1 IF YES, has funding been secured?**

No

**Part A. Section V. Monitoring and Evaluation**

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

In Progress

**IF NO, what are the main obstacles to establishing a functional M&E Unit/Department?**

N/A

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

in the NAC (or equivalent)? in the Ministry of Health?  
elsewhere?

No  
No  
No

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

0

Position		-
Position	Full time/Part time	Full time
Position	Since when?	-
Position		-
Position	Full time/Part time	Full time
Position	Since when?	-
Position		-
Position	Full time/Part time	Full time
Position	Since when?	-
Position		-
Position	Full time/Part time	Full time
Position	Since when?	-
Position		-
Position	Full time/Part time	Full time
Position	Since when?	-

**Number of temporary staff:**

0

**Part A. Section V. Monitoring and Evaluation**

**4.3 IF YES, are there mechanisms in place to ensure that all major implementing partners submit their M&E data/reports to the M&E Unit/Department for review and consideration in the country's national reports?**

No

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

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

0

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

No

**IF YES, Date last meeting:**

**Part A. Section V. Monitoring and Evaluation**

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

No

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

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

N/A

**6.1 IF YES, what type is it?**

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

No

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

No

National level Sub-national level (\*)

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

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

No

**Part A. Section V. Monitoring and Evaluation**

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

1

**What are examples of data use?**

**What are the main challenges to data use?**

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

At national level?

Yes

At national level?	IF YES, Number of individuals trained:	19
At sub-national level?		No
At sub-national level?	IF YES, Number of individuals trained:	
Including civil society?		Yes
Including civil society?	IF YES, Number of individuals trained:	8

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

2007	2
2005	2

**Comments on progress made in M&E since 2005:**

**Part B. Section I. Human rights**

**PART B**

[to be administered to representatives from nongovernmental organizations, bilateral agencies, and UN organizations]

**I. HUMAN RIGHTS**

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

No

**1.1 IF YES, specify:**

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

No

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

Women

Young people IDU

MSM

Sex Workers Prison inmates Migrants/mobile  
populations

Other

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

**IF YES, Describe any systems of redress put in place to ensure the laws are having their desired effect:**

**Part B. Section I. Human rights**

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

No

**3.1 IF YES, for which sub-populations?**

Women

Young people IDU

MSM

Sex Workers Prison inmates Migrants/mobile  
populations

Other

**IF YES, briefly describe the content of these laws, regulations or policies and how they pose barriers:**

**Part B. Section I. Human rights**

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

Yes

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

No

**IF YES, briefly describe this mechanism**

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

No

**IF YES, describe some examples**

## **Part B. Section I. Human rights**

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

Yes

HIV prevention services Anti-retroviral treatment

Yes

HIV-related care and support interventions

Yes

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

By the Law on protection against infectious diseases health care services for diagnostics, treatment and care related to consequences of HIV are free of charge for all persons with HIV/AIDS . All costs are covered by Health Insurance Fund.

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

No

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

Yes

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

No

**IF YES, briefly explain the differences:**

## **Part B. Section I. Human rights**

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

No

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

No

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

**IF YES, describe the effectiveness of this review committee**

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

- Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work No
- Focal points within governmental health and other departments to monitor HIV-related human rights abuses and HIV-related discrimination in areas such as housing and employment No
- Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts No
- Performance indicators or benchmarks for reduction of HIV-related stigma and discrimination No

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

**Part B. Section I. Human rights**

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

No

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

- Legal aid systems for HIV and AIDS casework No
- Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV No
- Programmes to educate, raise awareness among people living with HIV concerning their rights No

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

Yes Yes

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

- Media Yes
- School education Yes
- Personalities regularly speaking out Other:: No

**Part B. Section I. Human rights**

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

2007	2
2005	2

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

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

2007	2
2005	2

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

**Part B. Section II. Civil society participation**

**II. CIVIL SOCIETY[5] PARTICIPATION**

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

4

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

3

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

a. in both the National Strategic plans and national reports?	2
b. in the national budget?	2

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

No

**IF YES, when was the Review conducted? Year:**

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

3

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

NGO CAZAS - young people's organizations, support for people living with HIV NGO OKC JUVENTAS - young people's organizations NGO SOS Podgorica - women's organizations; NGO Montevita - organisation to support for people living with HIV and fight for stigma and discrimination

**[5] Civil society includes among others: Networks of people living with HIV; women’s organizations; young people’s organizations; faith-based organizations; AIDS service organizations; Community-based organizations; organizations of vulnerable sub-populations (including MSM, SW, IDU, migrants, refugees/displaced populations, prisoners); workers organizations, human rights organizations; etc. For the purpose of the NCPI, the private sector is considered separately.**

## **Part B. Section II. Civil society participation**

### **6. To what extent is civil society able to access**

- |  |   |
|--|---|
| a. adequate financial support to implement its HIV activities? | 3 |
| b. adequate technical support to implement its HIV activities? | 3 |

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

- |      |   |
|------|---|
| 2007 | 6 |
| 2005 | 6 |

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

## **Part B. Section III. Prevention**

### **III. PREVENTION**

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

No

**IF NO, how are HIV prevention programmes being scaled-up?:**

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

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

**\*Districts or equivalent geographical/de-centralized levels in urban and rural areas**

**Part B. Section III. Prevention**

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

2007	6
2005	5

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

**Part B. Section IV. Treatment, care and support**

**IV. TREATMENT, CARE AND SUPPORT**

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

No

**IF NO, how are HIV and AIDS treatment, care and support services being scaled-up?:**

N/A

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

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

**\*Districts or equivalent geographical de-centralized governmental levels in urban and rural areas**

**Part B. Section IV. Treatment, care and support**

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

2007	5
2005	4

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

Provided continuous supply and availability of diagnostics, treatment and follow up of treatment success by procurement of PCR and CD4 placed at the laboratory of IPH. By 2006 patients were treated in Belgrade.

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

Prevention for youth	51-75%
Prevention for IDU	51-75%
Prevention for MSM	&lt; 75%
Prevention for sex workers	51-75%
Counselling and Testing	&lt; 75%
Clinical services (OI/ART)*	&lt; 75%
Home-based care	&lt; 75%
Programmes for OVC**	&lt;

**\*OI Opportunistic infections; ART Antiretroviral therapy \*\*OVC Orphans and other vulnerable children**

**Part B. Section IV. Treatment, care and support**

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

N/A

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

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

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

**IF YES, what percentage of OVC is being reached?**

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

2007	2
2005	2

**Comments on progress made since 2005:**

**Uniting the world against AIDS**