

Saint Kitts and Nevis Report NCPI

NCPI Header

COUNTRY

Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:

Gardenia Destang-Richardson

Postal address:

Bladen's Commercial Development Wellington Road Basseterre

Telephone:

467-1234

Fax:

869-466-8574

E-mail:

gardenia.richardson@gmail.com

Describe the process used for NCPI data gathering and validation:

Consultation meetings were held with stakeholders. Questions were discussed and consensus arrived at. Information was given to individual responsible for input and submitted.

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

Discussions were held, justifications sought for response and votes were taken on consensus for responses.

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

Unfortunately there are limited CSOs in country who support HIV programs and thus this affect that component of the NCPI. Additionally, persons who attended the consultations were relatively new to the process and had challenges responding to some questions, specifically as it related to the years in question. It was also challenging getting individuals to commit time for thorough discussions. Other key individuals were unable to participate due to leave and other work commitments.

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

Organization	Names/Positions	A.I	A.II	A.III	A.IV	A.V	A.VI
Education	Patrick Welcome	Yes	No	No	Yes	No	No
Gender	Celia Christopher	Yes	Yes	Yes	Yes	No	No
Health	Andrew Skerritt	Yes	Yes	Yes	Yes	No	Yes
Health	Patrick Martin	Yes	Yes	Yes	Yes	No	Yes
Health	Londya Lennon	Yes	Yes	Yes	Yes	No	Yes
Health	William Turner	Yes	Yes	Yes	Yes	No	Yes
Health	Gardenia Destang-Richardson	Yes	Yes	Yes	Yes	No	Yes
Health	Nadine Carty-Caines	Yes	Yes	Yes	Yes	No	Yes
Health	Nicole Slack-Liburd	Yes	Yes	Yes	Yes	No	Yes
Health	Judy Nisbett	Yes	Yes	Yes	Yes	Yes	Yes
Health	Kathleen Allen-Ferndinand	No	No	No	No	Yes	No
Health	Shenel Nisbett	Yes	Yes	Yes	Yes	No	Yes
Health	Shana Howell	Yes	Yes	Yes	Yes	No	Yes

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

Organization	Names/Positions	B.I	B.II	B.III	B.IV	B.V
Facilitating Access to Confidential Testing, Treatment and Support	Juletta Fyfield	Yes	Yes	Yes	Yes	Yes
Caribbean HIV AIDS Alliance	Terry Morris	Yes	Yes	Yes	Yes	Yes

A - I. STRATEGIC PLAN

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

(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as the ones listed under 1.2):

Yes

IF YES, what was the period covered:

2010-2014

IF YES, briefly describe key developments/modifications between the current national strategy and the prior one.

IF NO or NOT APPLICABLE, briefly explain why.:

Priorities of new strategic plan reflex those of the previous. There are minor adjustments to the wording, however the focus remains the same.

1.1 Which government ministries or agencies

Name of government ministries or agencies [write in]:

National Advisory Council on HIV/AIDS, Ministry of Health

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

SECTORS

Included in Strategy **Earmarked Budget**

Yes	No
Yes	Yes
Yes	No
Yes	No
No	No
Yes	No
Yes	No

Other [write in]:

Gender

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?:

When there are opportunity for grants, and/or allocations and assistance from the Ministry of Health.

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

Men who have sex with men:

Yes

Migrants/mobile populations:

Yes

Orphans and other vulnerable children:

Yes

People with disabilities:

Yes

People who inject drugs:

No

Sex workers:

Yes

Transgendered people:

Yes

Women and girls:

Yes

Young women/young men:

Yes

Other specific vulnerable subpopulations:

Yes

Prisons:

Yes

Schools:

Yes

Workplace:

Yes

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 [write in]?:

- Women and girls - Young people - MSM - Sex workers - PLHIV - Prisoners - Women in vulnerable situations

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

1.6. Does the multisectoral strategy or operational plan include

a) Formal programme goals?:

Yes

b) Clear targets or milestones?:

Yes

c) Detailed costs for each programmatic area?:

Yes

d) An indication of funding sources to support programme implementation?:

Yes

e) A monitoring and evaluation framework?:

Yes

1.7

1.7. 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:

Broad consultations were held with all stakeholders including Civil Society. These consultations included the "Report of the Situation Analysis", "Drafting the Nationals Strategic Plan", and "Final review and validation of Strategic Plan".

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

Yes

1.9

1.9. Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?:

Yes, all partners

2. Has the country integrated HIV into its general development plans such as in: (a) National Development Plan; (b) Common Country Assessment / UN Development Assistance Framework; (c) Poverty Reduction Strategy; and (d) sector-wide approach?:

Yes

2.1. IF YES, is support for HIV integrated in the following specific development plans?

Common Country Assessment/UN Development Assistance Framework:

N/A

National Development Plan:

Yes

Poverty Reduction Strategy:

Yes

Sector-wide approach:

Yes

Other [write in]:

National Health Plan

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

HIV impact alleviation:

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 security or other schemes):

Yes

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

Yes

Other[write in below]:

-

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

No

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

Yes

5. Has the country followed up on commitments made in the 2011 Political Declaration on HIV/AIDS?:

Yes

5.1. Have the national strategy and national HIV budget been revised accordingly?:

Yes

5.2. 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

5.3. Is HIV programme coverage being monitored?:

Yes

5.3

(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?:

- MSM - Sex workers - PLHIV - Women and Girls/Gender -Antenatal -General Population

Briefly explain how this information is used:

Tracking and information programs on -Commodities forecasting -Financial expenditure -PMTCT coverage -OVC's monitoring -Covering forecasting of ARV and OI's

(c) Is coverage monitored by geographical area:

Yes

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

- Parishes - Health Districts

Briefly explain how this information is used:

To provide information to inform program planning and implementation and for monitoring of the national response.

5.4. Has the country developed a plan to strengthen health systems?:

No

Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications:

-

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 the HIV programmes in 2011?:

7

Since 2009, what have been key achievements in this area:

-Scale up of Lab Strengthening, Surveillance, Monitoring & Evaluation, Testing and Counseling and Advocacy -Universal Access to support and treatment -Considerations for the Revision of Legislation

What challenges remain in this area:

- There is still a lack of human resources to effectively coordinated and the national response - Lack of Financial resources - Absence of Legislation - Limited engagement and involvement of CSO and other line ministries

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

(For example, promised more resources to rectify identified weaknesses in the HIV response, spoke of HIV as a human rights issue in a major domestic/international forum, and such activities as visiting an HIV clinic, etc.):

Yes

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

The Prime Minister of St. Kitts and Nevis as the CARICOM chair advocates on a national, regional and International for Human Rights Issues and all aspects of HIV/AIDS. His representation supports the issues nationally and regionally. Presence of Minister of Health and PM at various fora and high level meeting including the United Nations General Assembly on HIV/AIDS.

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

Yes

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?:

Dr. Kathleen Ferdinand, Chair person of NACHA

Have a defined membership?:

Yes

IF YES, how many members?:

13

Include civil society representatives?:

Yes

IF YES, how many?:

4

Include people living with HIV?:

Yes

IF YES, how many?:

1

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 interaction between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?:

Yes

IF YES, briefly describe the main achievements:

-HIV components included in some government sector programming -Process towards the development of Work Place Policies

What challenges remain in this area:

- Lack of mandatory budget allocation for government sector programming - Lack of strong representation of Civil Society movement - Human Resources - Buy-in from general public still slow - Bulk of responsibilities not equally shared. While HIV affects everyone a disproportionate amount of work is still the responsibility of the National AIDS Secretariat

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

0%

5.

Capacity-building:

Yes

Coordination with other implementing partners:

Yes

Information on priority needs:

Yes

Procurement and distribution of medications or other supplies:

No

Technical guidance:

Yes

Other [write in below]:

Funding/Finances

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?:

No

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 2011?:

7

Since 2009, what have been key achievements in this area:

Prime Minister proactive in addressing buggery laws and discriminatory practices through the engagement of the Attorney general's office. Laws are being reviewed with the purpose of amending in the near future.

What challenges remain in this area:

- Government Ministers being more proactive - Buggery Laws

A - III. HUMAN RIGHTS

1.1

People living with HIV:

No

Men who have sex with men:

No

Migrants/mobile populations:

No

Orphans and other vulnerable children:

No

People with disabilities:

No

People who inject drugs:

No

Prison inmates:

No

Sex workers:

No

Transgendered people:

No

Women and girls:

No

Young women/young men:

No

Other specific vulnerable subpopulations [write in]:

-

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 overarching anti discrimination Act speaks to general discrimination based on religion, race, gender, creed political opinion and age but does not include health status and sexual orientation.

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

Enforcement through the Attorney General's Office.

Briefly comment on the degree to which they are currently implemented:

-

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

Yes

IF YES, for which subpopulations?

People living with HIV:

No

Men who have sex with men:

Yes

Migrants/mobile populations:

No

Orphans and other vulnerable children:

No

People with disabilities:

No

People who inject drugs :

No

Prison inmates:

Yes

Sex workers:

No

Transgendered people:

No

Women and girls:

No

Young women/young men:

No

Other specific vulnerable subpopulations [write in below]:

Minors or children under the age of 18 accessing health care without guardian or parent.

Briefly describe the content of these laws, regulations or policies:

- Buggery - Prostitution (Solicitation) - No access to condoms in prisons -Minors accessing health care

Briefly comment on how they pose barriers:

Accessing public services for prevention, treatment care and support.

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?

Abstain from injecting drugs:

No

Avoid commercial sex:

Yes

Avoid inter-generational sex:

No

Be faithful:

Yes

Be sexually abstinent:

Yes

Delay sexual debut:

Yes

Engage in safe(r) sex:

Yes

Fight against violence against women:

Yes

Greater acceptance and involvement of people living with HIV:

Yes

Greater involvement of men in reproductive health programmes:

Yes

Know your HIV status:

Yes

Males to get circumcised under medical supervision:

No

Prevent mother-to-child transmission of HIV:

Yes

Promote greater equality between men and women:

Yes

Reduce the number of sexual partners:

Yes

Use clean needles and syringes:

No

Use condoms consistently:

Yes

Other [write in below]:

-

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

No

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

Yes

2.1. Is HIV education part of the curriculum in

Primary schools?:

Yes

Secondary schools?:

Yes

Teacher training?:

Yes

2.2. Does the strategy include age-appropriate, gender-sensitive sexual and reproductive health elements?:

Yes

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

No

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?:

No

Briefly describe the content of this policy or strategy:

*

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 2011?:

5

Since 2009, what have been key achievements in this area:

-Improvement of some policies (education and workplace) -Improved access areas to testing, education, materials, risk reduction, partner disclosure, workplace education

What challenges remain in this area:

-Lack of Human and Financial Resources for effectively execute HIV prevention activities - Absence of budgetary Allocation for different sectors -Limited resources eg; Test Kits, IEC materials

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

Yes

IF YES, how were these specific needs determined?:

-Through the exercise of the assessment for the Operational and M&E Plan -

4.1. To what extent has HIV prevention been implemented?

Blood safety:

Strongly Agree

Condom promotion:

Strongly Agree

Harm reduction for people who inject drugs:

N/A

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:

Agree

IEC on stigma and discrimination reduction:

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:

Agree

Risk reduction for intimate partners of key populations:

Agree

Risk reduction for men who have sex with men:

Agree

Risk reduction for sex workers:

Agree

School-based HIV education for young people:

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 2011?:

6

A - V. TREATMENT, CARE AND SUPPORT

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

Yes

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

- 'Know your status' campaign as a tool for prevention and access to treatment - Access to care and treatment through integrated health service and public and private sector - Access to free ART for those who are eligible based on National protocol (clinical and CD4) - Support services/ Counselling/ Mental health week

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

- Outreach testing days in wider community - More use of provider-initiated counselling and testing - Referrals (Adhoc) - Low stock out of ARVs

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

Antiretroviral therapy:

Strongly Agree

ART for TB patients:

Strongly Agree

Cotrimoxazole prophylaxis in people living with HIV:

Strongly Agree

Early infant diagnosis:

Disagree

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

Disagree

HIV testing and counselling for people with TB:

Agree

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

Disagree

Nutritional care:

Disagree

Paediatric AIDS treatment:

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:

Disagree

Sexually transmitted infection management:

Strongly Agree

TB infection control in HIV treatment and care facilities:

Agree

TB preventive therapy for people living with HIV:

Agree

TB screening for people living with HIV:

Agree

Treatment of common HIV-related infections:

Agree

Other [write in]:

-

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

Yes

Please clarify which social and economic support is provided:

Very limited and not specifically for PLHIV. There is limited social support with food basket, finance, access to free medical care and medications to persons in need who are referred to social welfare department and through social security (if previously employed). This service has been accessed by some PLHIV.

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?:

- Antiretroviral Therapy - Opportunistic Infection - Prophylaxis and Treatments - Condoms - Substitution Medications - HIV tests

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 2011?:

7

Since 2009, what have been key achievements in this area:

- Outreach to 'know status' by testing Universal Access to ART for eligible PLHIV - Access to care and monitoring tools (lab support) - Food voucher distribution through doctors/clinics for PLHIV in need - Very effective tool for encouraging adherence but discontinued due to lack of funds - Completion of National Workplace Policy on HIV and chronic diseases - Scale up adherence counseling - Access to resistance testing - I-tech course for health care providers

What challenges remain in this area:

- Fear of Stigma and discrimination from health care workers, employers/employees and general public still a barrier to accessing care and treatment - Maintaining an interested, skilled and knowledgeable workforce - little incentive and limited resources to work with. - Support mechanism is still weak

6. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:

No

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?:

5

Since 2009, what have been key achievements in this area:

- Very few pediatric cases and even fewer orphans as a result of HIV. General services for vulnerable children are poor - children's home and child welfare and probation board to attend to basic needs.

What challenges remain in this area:

- Very poor counselling and mental health services - Low index of suspicion of at risk and vulnerable children

A - VI. MONITORING AND EVALUATION

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

In Progress

Briefly describe any challenges in development or implementation:

Limited capacities to address the issues and challenges identified in M&E assessment.

Briefly describe what the issues are:

-Issues of human resource -Clarity of job description -Building Capacity and training needs -Limited financial resources

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy:

Yes

Behavioural surveys:

Yes

Evaluation / research studies:

Yes

HIV Drug resistance surveillance:

No

HIV surveillance:

Yes

Routine programme monitoring:

Yes

A data analysis strategy:

Yes

A data dissemination and use strategy:

Yes

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

Yes

Guidelines on tools for data collection:

Yes

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

In Progress

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

No

Briefly describe any obstacles:

-Requires restructuring of current Unit and redeployment of officers. -Limited resources (infrastructure) -Limited funds to implement and address key issues identified in M&E assessment (training, Capacity building etc)

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

In the Ministry of Health?:

No

In the National HIV Commission (or equivalent)?:

No

Elsewhere [write in]?:

-

Permanent Staff [Add as many as needed]

POSITION [write in position titles in spaces below] Fulltime Part time Since when?

POSITION [write in position titles in spaces below]	Fulltime	Part time	Since when?
-	-	-	-

Temporary Staff [Add as many as needed]

POSITION [write in position titles in spaces below] Fulltime Part time Since when?

POSITION [write in position titles in spaces below]	Fulltime	Part time	Since when?
-	-	-	-

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:

Submission of data is required on a monthly or quarterly basis from all relevant stakeholders.

What are the major challenges in this area:

- Lack of compliance from some the major stakeholders - Lack of capacity of some stakeholders to generate data -Non-interest -Poor M&E culture

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

No

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

Yes

IF YES, briefly describe the national database and who manages it.:

Information is stored in Excel Databases and is housed at the Health Information Unit.

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, but only some of the above

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

Parishes

6.2. Is there a functional Health Information System?

At national level:

Yes

At subnational level:

Yes

IF YES, at what level(s)?:

Parish and National

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

Yes

8. 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]:

-

Briefly provide specific examples of how M&E data are used, and the main challenges, if any:

- To inform programs and make case for resource allocations and epidemiological profiling.

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

At national level?:

No

At subnational level?:

No

At service delivery level including civil society?:

No

9.1. Were other M&E capacity-building activities conducted` other than training?:

No

10. 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 2011?:

5

Since 2009, what have been key achievements in this area:

- Improved quality of annual HIV/AIDS report - Increased data collection and availability

What challenges remain in this area:

- Lack of compliance from key personnel, some of whom are in charge of major HIV programme

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 contributed to strengthening the political commitment of top leaders and national strategy/policy formulation. Civil society organizations have actively participated in national consultations to inform the drafting of policies such as the Pharmacy Act; Care guidelines for NCD and HIV; Health System/Private Sector Assessment. Representatives from civil society organizations have been involved in the planning process for the HIV/AIDS National Strategic Plan.

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:

Civil society organizations are primarily involved in HIV prevention activities. Their HIV prevention activities are part of the comprehensive national HIV strategy. The national HIV budget does not incorporate expenditure for prevention activities.

3.

a. The national HIV strategy?:

3

b. The national HIV budget?:

2

c. The national HIV reports?:

2

Comments and examples:

The HIV prevention activities of civil society organizations are not usually included in the national HIV reports because of tardy and or inconsistent reporting practices of CSOs.

4.

a. Developing the national M&E plan?:

1

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

:

1

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

1

Comments and examples:

Civil Society Organizations were not involved in the development of the M&E plan. Very few CSOs utilize M&E data for decision making.

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

3

Comments and examples:

The Civil Society Sector representation in HIV efforts is inclusive of diverse organizations such as faith based organizations, FACTTS - the organization of people living with HIV, sex workers and men who have men with men, within their respective communities.

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?:

4

Comments and examples:

Accessing adequate financial support to implement HIV activities has remained a challenge for civil society organizations. The turn around time for receiving funding/grants from project proposal requests is often too long and cumbersome. Technical support to implement its HIV activities was readily available especially from the national AIDS Secretariat

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

People living with HIV:

51-75%

Men who have sex with men:

>75%

People who inject drugs:

-

Sex workers:

>75%

Transgendered people:

<25%

Testing and Counselling:

<25%

Reduction of Stigma and Discrimination:

<25%

Clinical services (ART/OI)*:

<25%

Home-based care:

<25%

Programmes for OVC:**

-

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 2011?:

5

Since 2009, what have been key achievements in this area:

-Participating in planning and strategic meetings -Participating in and involvement in Prevention activities

What challenges remain in this area:

-Civil Society dormant. An umbrella under which NGOs, CBOs, FBOs should be established by passionate proactive individuals to create safety nets that reduce stigma and discrimination

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:

The government through political and financial support, involved people living with HIV, in government HIV-policy design and programme implementation. There is PLHIV representation on the National Advisory Council on HIV. This individual had been involved in one-on-one consultative work with PLHIV.

B - III. HUMAN RIGHTS

1.1.

People living with HIV:

No

Men who have sex with men:

No

Migrants/mobile populations:

No

Orphans and other vulnerable children:

No

People with disabilities:

No

People who inject drugs:

No

Prison inmates:

No

Sex workers:

No

Transgendered people:

No

Women and girls:

No

Young women/young men:

No

Other specific vulnerable subpopulations [write in]:

-

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:

ACT that protects against discrimination based on race, religion, creed, age, gender.

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

Several attempts have been made such as studies to establish gaps in the legislation and local Human Rights and Ethics have been formed and consulted .

Briefly comment on the degree to which they are currently implemented:

Very limited degree as there is hardly any voice from the vulnerable groups.

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

Yes

2.1. IF YES, for which sub-populations?

People living with HIV:

No

Men who have sex with men:

Yes

Migrants/mobile populations:

-

Orphans and other vulnerable children:

-

People with disabilities:

-

People who inject drugs:

-

Prison inmates:

Yes

Sex workers:

Yes

Transgendered people:

-

Women and girls:

-

Young women/young men:

-

Other specific vulnerable subpopulations [write in]:

-

Briefly describe the content of these laws, regulations or policies:

Same sex relationship and solicitation for sex is prohibited according to the current laws and has heavy penalties if convicted.

Briefly comment on how they pose barriers:

Such laws create self stigma and inhibits access to prevention, care and treatment service for fear of discrimination, prosecution and incarceration.

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:

Domestic violence Act of 2000 which measures and addresses Gender base violence. Law makes provision for the protection of women Stygian domestic and violent acts.

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:

National Strategic Plan, HIV Policy and Procedure Manual.

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations and/or other vulnerable sub-populations?:

Yes

IF YES, briefly describe this mechanism:

Human Rights Desk which is supported by Human Rights Advocate.

6. Does the country have a policy or strategy of free services for the following?

Provided free-of-charge to all people in the country	Provided free-of-charge to some people in the country	Provided, but only at a cost
Yes	-	-
Yes	-	-
Yes	-	-

If applicable, which populations have been identified as priority, and for which services?:

Persons living with HIV/AIDS - ARVs. HIV prevention, treatment and Care services are free of charge from the public sector to all persons living the Federation regardless of nationality, sexual orientation or health status.

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

Yes

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

Yes

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

Yes

IF YES, Briefly describe the content of this policy/strategy and the populations included:

Any person in the population, gender or race can have equal access.

8.1

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?:

-

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:

No mandatory testing of population with the exception of the armed forces.

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:

-

b. Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts:

-

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

-

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

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

Yes

b. Programmes for members of the judiciary and law enforcement on HIV and human rights issues that may

come up in the context of their work?:

-

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

a. Legal aid systems for HIV casework:

-

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

-

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:

No

Programmes in the work place:

Yes

Other [write in]:

-

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 2011?:

3

Since 2009, what have been key achievements in this area:

- Continued access to free Treatments and Counseling and Testing

What challenges remain in this area:

-Organizing and mobilizing greater visibility of sex workers, MSMs and drug users so that a greater number of persons can access available services -Greater and meaningful involvement of media as advocates -Limited capacity of Human Rights Desk

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 2011?:

2

Since 2009, what have been key achievements in this area:

-A Human Rights Desk has been established in St. Kitts _Slow progress towards repealing of certain anti-discrimination laws

What challenges remain in this area:

-Visibility of vulnerable groups and giving these groups a voice -Limited sensitization to general public on Human issues

B - IV. PREVENTION

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

Yes

IF YES, how were these specific needs determined?:

Specific needs for HIV prevention programmes have been identified through multi-sectoral consultations

1.1 To what extent has HIV prevention been implemented?

Blood safety:

Strongly Agree

Condom promotion:

Strongly Agree

Harm reduction for people who inject drugs:

N/A

HIV prevention for out-of-school young people:

Agree

HIV prevention in the workplace:

Agree

HIV testing and counseling:

Strongly Agree

IEC on risk reduction:

Agree

IEC on stigma and discrimination reduction:

Disagree

Prevention of mother-to-child transmission of HIV:

Agree

Prevention for people living with HIV:

Agree

Reproductive health services including sexually transmitted infections prevention and treatment:

Strongly Agree

Risk reduction for intimate partners of key populations:

Agree

Risk reduction for men who have sex with men:

Agree

Risk reduction for sex workers:

Agree

School-based HIV education for young people:

Disagree

Universal precautions in health care settings:

Agree

Other [write in]:

-

2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV prevention programmes in 2011?:

6

Since 2009, what have been key achievements in this area:

-Increased Outreach Testing and prevention -Positive prevention activities for PLHIV -Empowerment training for PLHIV and other vulnerable groups

What challenges remain in this area:

- Inadequate visibility of people living with HIV so that they can be involved in prevention programs.

B - V. TREATMENT, CARE AND SUPPORT

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

Yes

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

- Free counseling and testing - Free antiretroviral therapy and medication for some opportunistic infections - Psychosocial support - Food assistance programme for people living with HIV - Social assistance for those who qualify

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

-Utilization of PLHIV peers as advocates for one on counseling -Adherence counselors

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

Antiretroviral therapy:

Strongly Agree

ART for TB patients:

N/A

Cotrimoxazole prophylaxis in people living with HIV:

-

Early infant diagnosis:

Agree

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

Disagree

HIV testing and counselling for people with TB:

N/A

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

Strongly Disagree

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:

Agree

Psychosocial support for people living with HIV and their families:

Agree

Sexually transmitted infection management:

Agree

TB infection control in HIV treatment and care facilities:

N/A

TB preventive therapy for people living with HIV:

N/A

TB screening for people living with HIV:

N/A

Treatment of common HIV-related infections:

Agree

Other [write in]:

-

1.2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2011?:

7

Since 2009, what have been key achievements in this area:

- Social assistance support for those who qualify -Access to in-country CD and Viral Load testing for PLHIV

What challenges remain in this area:

- Some PLHIVs are unwilling to identify themselves to access treatment, care and support services thus LIMITED PLHIV involvement and advocacy.

2. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:

No

3. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?:

-

Since 2009, what have been key achievements in this area:

OVCs are provided for through the government social system and is not specific to HIV or any other disease status.

What challenges remain in this area:

-

Source URL: <http://aidsreportingtool.unaids.org/107/saint-kitts-and-nevis-report-ncpi>