Saint Lucia 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:
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Describe the process used for NCPI data gathering and validation:
Most of the participants were contacted either via telephone or e-mail. Questionnaires were distributed as hard or soft copies, depending on the participants' preferences. While meetings were planned most of the data gathering was done on an individual basis. This stemmed from the fact that the Surveillance officer also assumes the role of M&E officer and organizing meetings to accommodate everyone proved very difficult. Everyone made themselves available for follow up questions or for clarification of issues as it pertained to their responses. Most of the responses were similar and presented very little differences in opinion.
Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:
-
Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):
-

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

Organization	Names/Positions	A.I	A.II	A.III	A.IV	A.V	A.VI
NAP	Nahum Jn. Baptiste, Director	Yes	No	No	No	No	No
NAP	Nahum Jn. Baptiste, Director	No	Yes	No	No	No	No
AAF	Veronica Cenac, Attorney at Law	No	No	Yes	No	No	No
Bureau of Health Education/MOH	Natasha Lloyd-Felix	No	No	No	Yes	No	No
NAP	Dr. Cleophas d'Auvergne, CCC	No	No	No	No	Yes	No
NAP	Dr. Michelle Francois, Surveillance Officer	No	No	No	No	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
CHAA	Erma Jules, Senior Program Officer	Yes	No	No	No	No
CAFRA	Flavia Cherry, Director	No	Yes	No	No	No
Independent consultant and former director of NAP	Dr. Sonia Alexander, Public Health Consultant	No	No	Yes	No	No
Faith-based counselling	Dr. Franklin Bray, Pastor and Clinical Psychoanalyst	No	No	No	Yes	No
CHAA	Lisa Albert, Representative	No	No	No	No	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:
2011-2015
IF YES, briefly describe key developments/modifications between the current national strategy and the prior one. IF NO or NOT APPLICABLE, briefly explain why.:
Key developments include: - reduced mortality and morbidity -

1.1 Which government ministries or agencies

Name of government ministries or agencies [write in]:
Ministry of Health Accounts Department, National AIDS Coordinating Council, National AIDS Program Secretariat, Project Coordination Unit, Civil Society Organizations, Line ministries,

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

SECTORS

Included in Strategy	Earmarked Budget
Yes	Yes
Yes	Yes
No	No
No	No
No	No
No	No
No	No

Other [write in]:
-
IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specifc activities?:
-

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:
-
Orphans and other vulnerable children:
Yes
People with disabilities:
-
People who inject drugs:
-
Sex workers:
Yes
Transgendered people:
-
Women and girls:
Yes
Young women/young men:
Yes
Other specific vulnerable subpopulations:
-
Prisons:
Yes
Schools:
Yes
Workplace:
Yes
Addressing stigma and discrimination:
Yes

Gender empowerment and/or gender equality:
-
HIV and poverty:
Yes
Human rights protection:
Yes
Involvement of people living with HIV:
Yes

IF NO, explain how key populations were identifed?:
-
1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country [write in]?:
1. Mem who have sx with men 2. Commercial sex workers 3. Orphans and vulnerable children
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?:
No
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:
-

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

1.9

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

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?:
-
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?:
2
4. Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?:
No
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?:
- Men who have sex with men - Youth - Pregnant women
Briefly explain how this information is used:
- To target the affected group and develop strategies to reduce the spread of HIV
(c) Is coverage monitored by geographical area:
Yes
IF YES, at which geographical levels (provincial, district, other)?:
St. Lucia is divided into health regions. The HIV coverage is monitored by these health regions.
Briefly explain how this information is used:
To identify the most affected region and investigate the precipitating factors giveing rise to the spread of HIV within the region.

5.4. Has the country developed 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:
-
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:
- the use of the 2005-2009 National Srtategic Plan as a blueprint to guide the national response to the HIV and AIDS epidemic.
What challenges remain in this area:
-

A - II. POLITICAL SUPPORT AND LEADERSHIP

1. Do the following high offcials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year

A. Government ministers:
No
B. Other high offcials 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.):
No

Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership:
-
2. Does the country have an offcially 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?:
No
Have a defined membership?:
Yes
IF YES, how many members?:
Approximately 17 members
Include civil society representatives?:
Yes
IF YES, how many?:
Approximately 9

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?:
No

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:
1. Increased participation by the non-hrealth sector in the national response to HIV/AIDs 2. Allignment of HIV/AIDS initiatives to national strategic plan 3. Establishment of linkages and increased collaboration with members of vulnerable groups and NGOs working with vulnerable groups.
What challenges remain in this area:
1. Removal of legal barriers 2. Adequate predictable funding
4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?:
-

5.

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 below]:
-

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?:
4
Since 2009, what have been key achievements in this area:
1. Securing and mobilizing funds
What challenges remain in this area:
1. Advocacy by politicians. 2. Prioritizing HIV for funding.

A - III. HUMAN RIGHTS

1.1

People living with HIV:
Yes
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:
Yes
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:
Under the Equality of Opportunity and Treatment in Employment and Occupation Act 2000, discrimination based on an individual's sex is considered unlawful. Under this act, sexual harrassment is also considered an offence.
Briefly explain what mechanisms are in place to ensure these laws are implemented:
There are no mecanisms in place to ensure that these laws are implemented. They are stated in the constitution and can be challenged by citizens by filing a motion in the high court.
Briefly comment on the degree to which they are currently implemented:
The passing of the Labour Code has attempted to guarantee that these rights are respected.
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 :
Yes
Prison inmates:
Yes
Sex workers:
Yes
Transgendered people:
Yes
Women and girls:
Yes
Young women/young men:
-
Other specific vulnerable subpopulations [write in below]:
-

Briefly describe the content of these laws, regulations or policies:
Under the Criminal Code Chapter 3.01 '2005' Rev, buggery is defined as sexual intercourse per anus by a male person with another male; it excludes anal sex between a male and a female. Under this same code, the age of sexual consent is 16 years and over.
Briefly comment on how they pose barriers:
Because buggery is considered a criminal offense, this means that men who have sex with men are regarded as criminals and this limits access to this group of individuals. The same applies to sexworkers.

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:
No
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:
No
Greater acceptance and involvement of people living with HIV:
Yes
Greater involvement of men in reproductive health programmes:
No
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:
No
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?:
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:
1. Behaviour change prevention and education 2. VCT in prioritized locations 3. STI services 4. Condoms and other health products

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

IDU	MSM	Sex workers	Customers of Sex Workers	Prison inmates	Other populations
No	Yes	Yes	No	Yes	cocaine/crack users
No	No	No	No	No	-

No	Yes	Yes	No	Yes	crack and cocaine users
No	No	No	No	No	-
No	Yes	Yes	No	Yes	-
No	Yes	Yes	No	Yes	-
No	Yes	Yes	No	Yes	-
No	Yes	Yes	No	Yes	-

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?:
6
Since 2009, what have been key achievements in this area:
1. Incidence of HIV stabilized and rates of STIs reduced 2. Zero MTCT of HIV since 2006 due to scaled-up testing of pregnant women 3. Reduction of heterosexual transmission to the lowest level in 2010 and 2011 4. ARVs made widely available free of cost to all patients from 2006, and taken up by > 60% of medically eligible clinic patients, leading to a reduction in both mortality and morbidity among patients 5. Number of HIV tests increased from 4852 in 2005 to 20,430 in 2009, and > 16,000 in 2011 growing acceptance of the importance of testing 6. Support to OVCs, to protect them and keep them in school through provision of medical care, food, foster care, school books and transport, integrated into existing programs/services of Human Services and Ministry of Education 7. Increased capacity of Ezra Long Laboratory in Victoria Hospital and St. Jude Hospital Laboratory to enable confirmatory testing to be done locally and more quickly and to undertake CD4 testing 8. Development of National Strategic Plans for 2005-2009 and 2011-2015 which has been used as a blueprint to guide national response to the HIV/AIDS epidemic. 9. Grant of US$230,000 per annum for 2010-2014 to support laboratory strengthening and strategic information secired through a cooperative agreement with the Centre for Disease Control (CDC) under the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) Caribbean program.
What challenges remain in this area:
1. Recruitment of key technical staff (M&E, social support, non-health sector programming) to strengthen coordination and implementation. 2. Increasing service coverage of most at risk populations. 3. Predictable, adequate budgetary support to continue and sustain scaled-up HIV testing, antiretroviral therapy, social support for needy persons living with HIV, and IEC/BCC strategies 4. Reduction in the promotion of persons who test late for HIV, and/or do not return to receive test results 5. Increased participation of the private sector and NGOs in the national response.
4. Has the country identified specifc needs for HIV prevention programmes?:
Yes
IF YES, how were these specific needs determined?:
1. From assessment and evaluation of the last strategic plan. 2. From consultations with partners in the assessment and evaluation of the strategic plan.

4.1. To what extent has HIV prevention been implemented?

Blood safety:
Strongly Agree
Condom promotion:
Agree
Harm reduction for people who inject drugs:
N/A
HIV prevention for out-of-school young people:
Disagree
HIV prevention in the workplace:
Disagree
HIV testing and counseling:
Agree
IEC on risk reduction:
Agree
IEC on stigma and discrimination reduction:
Agree
Prevention of mother-to-child transmission of HIV:
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:
Disagree
Risk reduction for men who have sex with men:
Disagree
Risk reduction for sex workers:
Disagree

School-based HIV education for young people:
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?:
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:
Treatment and care and support of Adulta and Adolescents Prevention of mother to child transmission Treatment of HIV exposed and infected children and support Treatment of prisoners Treatment of commercial sex workers
Briefly identify how HIV treatment, care and support services are being scaled-up?:
Treatment and care are being decentralized to the north and south of the island. HIV and STI services are being provided in the prisons and are now being extended to the most at risk populations. Paediatric care is now being decentralized. HIV treatment is being decentralized into primary care by first training physicians.

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:
Strongly Agree
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:
Agree
Nutritional care:
Neutral
Paediatric AIDS treatment:
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:
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:
-
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:
•Social support through department of Human Services including monthly stipend for those in need •Housing assistance •Referral for job training skills for future employment •Educational support school books for children infected and affected •Hospital exemptions on medical care for diagnostic and medical, surgical services
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 Drugs including paediatris formulations Opportunistic Infections Prophylaxis Condoms
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?:
8
Since 2009, what have been key achievements in this area:
Decentralization of services to prisons and to the south of the island. Training of clinicians in treatment and care of HIV. 0% maternal transmission to infants. Provision of clinical mentoring. Strengthening of paediatric treatment and care.
What challenges remain in this area:
Decentralization of paediatric services. Integration into primary health care. Scaling up of HIV rapid tresting. Strengthening and implementation of TB/HIV collaborative activities. Integration of HIV/TB/STI services. Strengthening nutritional support for HIV patients and infants. Expanding home based care for HIV patients. Implementation of a national policy for orphans and vulnerable children. Augmenting HIVDR early warning indicators.
6. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:
Yes
IF YES, is there an operational definition for orphans and vulnerable children in the country?:
Yes
IF YES, does the country have a national action plan specifically for orphans and vulnerable children?:
No
IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?:
-
IF YES, what percentage of orphans and vulnerable children is being reached? :
-
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:
Development of a draft policy on orphans and children Establishment of a separate program for orphans and children Provision of socio-economic support for orphans and children.
What challenges remain in this area:
Re-establishment of the program after the withdrawal of funding from World Bank Lack of government funding to sustain the program Loss of key program staff to manage the portfolio

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:
The plaan is unable to be fully implemented due to lack of funding.
1.1 IF YES, years covered:
2011-2015
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:
-

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:
1. Loss of key staff 2. Lack of an M&E culture

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

In the Ministry of Health?:
-
In the National HIV Commission (or equivalent)?:
-
Elsewhere [write in]?:
-

Permanent Staff [Add as many as needed]

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?
-	-	-	-

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?:
-
Briefly describe the data-sharing mechanisms:
-
What are the major challenges in this area:
-
5. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?:
-
6. Is there a central national database with HIV- related data?:
Yes
IF YES, briefly describe the national database and who manages it.:
The national database is kept at the National AIDS Prrogram in Ministry of Health and is managed by the director of the program and the surveillance officer. Data entry is done by the data entry clerk. The database contains information of all HIV positive cases, using a national code to identify each case. Information concerning their address, sex, age, occupation, date of first positive HIV test and confirmation date; risk factors, first CD4 and viral load counts, enrollment date and AIDS indicator diseases are collected. stage at diagnosis, ARV treatment,
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?:
It includes content and key populations.

6.2. Is there a functional Health Information System?

At national level:
Yes

At subnational level:
-
IF YES, at what level(s)?:
The Health Information System is at a national level and is in the process of being established at all health care facilities. It however does not comprise of an HIV or STI component.

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:
M&E data is used: 1. to inform annual work plans and strategic plans. 2. to monitor trends to target programs 3. to justify resource mobilization/budgeting Challenges: 1. lack of skills with respect to data use by key stakeholders (planners, implemeters, policy makers etc)

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

At national level?:
-
At subnational level?:
-
At service delivery level including civil society?:
Yes
IF YES, how many?:
1

9.1. Were other M&E capacity-building activities conducted` other than training?:
Yes
IF YES, describe what types of activities:
1. Refurbishments of sites to make them HMIS compatible
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?:
3
Since 2009, what have been key achievements in this area:
1. M&E framework 2. M&E plan 3. M&E training
What challenges remain in this area:
1.Lack appropriate structure, human and financial resources for M&E 2.Creating and sustaining a culture for M&E 3.Lack of M&E advocacy and communication 4.Insufficient use of M&E data and information to guide and support decision making 5.Current organizational structure not appropriate given the system requirements and stakeholder needs 6. No technical working group in place to guide M&E technical functions and advise on all issues related to the scheduling design and conduct surveys, surveillance and research

B - I. CIVIL SOCIETY INVOLVEMENT

1. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?:
3
Comments and examples:
The managing director of AAF and other CSOs have met with the Prime Minister to advocate for the rights of MARP. They have also sat on committees to address the development of policies aimed at reducing vulnerabilities to HIV transmission.
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:
CSOs have always been engaged in the planning process of the NSP.

3.

a. The national HIV strategy?:

3
b. The national HIV budget?:
3
c. The national HIV reports?:
3
Comments and examples:
-

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?:
0
c. Participate in using data for decision-making?:
0
Comments and examples:
There is a huge gap regarding M & E within most CSOs. Many collect data but are not able to utilize it to inform the effectiveness of their program or to identify weaknesses. A workshop was held in November 2011 hosted by CHH, CHRC and the NAP to sensitize CSOs regarding the benefits of M & E.

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)?:
4
Comments and examples:
All MARP are represented in HIV efforts since there are support groups to each MARP.

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?:
1
b. Adequate technical support to implement its HIV activities?:
0
Comments and examples:
Many CSOs are fledging groups who lack the technical knowledge and skills in writing proposals and project management.

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

People living with HIV:
<25%
Men who have sex with men:
51-75%
People who inject drugs:
-
Sex workers:
51-75%
Transgendered people:
51-75%
Testing and Counselling:
<25%
Reduction of Stigma and Discrimination:
25-50%
Clinical services (ART/OI)*:
<25%
Home-based care:
<25%
Programmes for OVC:**
<25%

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?:
6
Since 2009, what have been key achievements in this area:
Ability to reach vulnerable populations especially among SWs and MSM on the 'down low' to provide HIV education, distribute commodities etc.
What challenges remain in this area:

Inadequate funding.

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?:
No

B - III. HUMAN RIGHTS

1.1.

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:
Yes
Sex workers:
No
Transgendered people:
No
Women and girls:
Yes
Young women/young men:
Yes
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:
There exists a law which forbids employers to deny employment of an individual based on his or her sex.
Briefly explain what mechanisms are in place to ensure that these laws are implemented:
-
Briefly comment on the degree to which they are currently implemented:
-
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:
Yes
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:
No
Sex workers:
Yes
Transgendered people:

No
Women and girls:
No
Young women/young men:
No
Other specific vulnerable subpopulations [write in]:
-

Briefly describe the content of these laws, regulations or policies:
-
Briefly comment on how they pose barriers:
The MARPS will not seektreatment and care out of fear of disclosure of their sexual orientation and status. Confidentiality among health care workers is also a barrier.
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:
-
4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?:
No
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:
The Human Rights Desk through the Human Rights Advocate takes complaints and then persons are referred to the relevant person or legal counsel. This is stagnant right now due to lack of funding although the Advocate sometimes still takes complaints on the STI clinic days.

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	No	-
Yes	No	-
Yes	No	-

If applicable, which populations have been identified as priority, and for which services?:
-
7. Does the country have a policy or strategy to ensure equal access for women and men to HIV prevention, treatment, care and support?:
Yes
7.1. In particular, does the country have a policy or strategy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?:
Yes
8. Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?:
No
9. Does the country have a policy or law prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?:
No

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:
No
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:
-

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?:
No

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:
Yes

13. Are there programmes in place to reduce HIV-related stigma and discrimination?:
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 2011?:
1
Since 2009, what have been key achievements in this area:
-
What challenges remain in this area:
-
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?:
0
Since 2009, what have been key achievements in this area:
The key achievement would be the revision of the laws by PANCAP and recommendations for drafting new laws or amending current ones.
What challenges remain in this area:
-

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 focus groups, faith-based VCT training, school education programs and need assessments.

1.1 To what extent has HIV prevention been implemented?

Blood safety:
Disagree
Condom promotion:
Agree
Harm reduction for people who inject drugs:
Disagree
HIV prevention for out-of-school young people:
Agree
HIV prevention in the workplace:
Disagree
HIV testing and counseling:
Disagree
IEC on risk reduction:
-
IEC on stigma and discrimination reduction:
Agree
Prevention of mother-to-child transmission of HIV:
Agree
Prevention for people living with HIV:
Agree
Reproductive health services including sexually transmitted infections prevention and treatment:
Agree
Risk reduction for intimate partners of key populations:
Disagree
Risk reduction for men who have sex with men:
Disagree
Risk reduction for sex workers:
Disagree
School-based HIV education for young people:

Agree
Universal precautions in health care settings:
Disagree
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:
- The availability of posters at barber shops and female hair salons - Promotion of safe sex and availability of condoms at taverns and social gathering places.
What challenges remain in this area:
- Open diaglogue with/by faith-based organizations about discrimination and stigmatization of safe sex, PLHIV etc. - Strong collaborative efforts through medical agencies and allied health agencies in maintaining statistics, makingreferrals, providing health education to clients - Availability of health care for PLHIV/AIDS without discrimination or victimization.

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?:
No
Briefly identify how HIV treatment, care and support services are being scaled-up?:
Support services are severely lacking. There is need for social workers and psychologists to provide emmotional support to persons especially immediately after diagnosis.

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

Antiretroviral therapy:
Strongly Agree
ART for TB patients:
Agree
Cotrimoxazole prophylaxis in people living with HIV:
Agree
Early infant diagnosis:
Strongly Agree
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:
Agree
Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):
Agree
Post-exposure prophylaxis for occupational exposures to HIV:
Agree
Psychosocial support for people living with HIV and their families:
Strongly 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:
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 2011?:
5
Since 2009, what have been key achievements in this area:
The major achievement has been the delivery of anti-retroviral treatment to HIV ppositive persons at no cost.
What challenges remain in this area:
There is a great need for the development of a psychosocial support system for persons living with HIV/AIDS. Another asset would be the re-establishment of the food bank which was terminated after the World Bank project.
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?":
5
Since 2009, what have been key achievements in this area:
-
What challenges remain in this area:
Presently, there are no social workers assigned to the orphns and other vulnerable children.
