

## Trinidad and Tobago 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:**

Beverly Andrews

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#### Describe the process used for NCPI data gathering and validation:

The NACC was closed on March 2011. In order to facilitate this reporting process, the Office of the Prime Minister(OPM) led the preparation of the 2012 submission of PART A of the NCPI. The OPM prepared the initial drafts of the main section, ANNEX 1 and part A of the NCPI. This was done in consultation with other ministries and civil society. A draft was disseminated to government ministries and civil society groups for their comment. Revisions to the draft were made based on the comments received and finalized.

#### 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):

Some questions were difficult to answer. We did not receive responses to the draft country report and NCPI questionnaire from Tobago and several civil society organisations

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

Organization	Names/Positions	A.I	A.II	A.III	A.IV	A.V	A.VI
Ministry of Health	Dr.Brian Armour	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Social Development and the People	Ms.Aileen Clarke	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of National Security	Major Anthony Whitehall	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Labour	Ms.Kathleen Fergusson-Stewart	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Gender, child and youth development	Ms. Patricia Hinds	Yes	Yes	Yes	Yes	Yes	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
RED Initiatives	O'Leo Lokai	Yes	Yes	Yes	Yes	Yes
PSI	Julia Roberts	Yes	Yes	Yes	Yes	Yes
CAISO	Colin Robinson	Yes	Yes	Yes	Yes	Yes
UNAIDS	Izola Garcia	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:**

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

1.1 Which government ministries or agencies

**Name of government ministries or agencies [write in]:**  
Office of the Prime Minister

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	Yes
Yes	Yes
Yes	Yes
Yes	Yes
Yes	Yes
Yes	Yes
Yes	Yes

**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-specific 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:**  
Yes

**Orphans and other vulnerable children:**  
Yes

**People with disabilities:**  
No

**People who inject drugs:**  
Yes

**Sex workers:**  
Yes

**Transgendered people:**  
No

**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:**  
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]?:**

MSM, CSW, Youth, Women, Homeless, Substance Users

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

**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?:**

No

**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 with stakeholders of civil society groups were held to discuss the draft 2011-2016 NSP

**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?:**

No

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

The plan is still draft and is undergoing final revision. This process should be completed by June 2012

**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:**

Yes

**National Development Plan:**

Yes

**Poverty Reduction Strategy:**

Yes

**Sector-wide approach:**

Yes

**Other [write in]:**

-

**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:**

N/A

**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):**

-

**Other[write in below]:**

-

**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)?:**

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?:**

No

**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?:**

in treatment and care; youth; MSM; CSW

**Briefly explain how this information is used:**

To inform positive prevention programmes e.g for social marketing campaigns

**(c) Is coverage monitored by geographical area:**

Yes

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

county health districts; regional health authorities; municipalities

**Briefly explain how this information is used:**

evidenced based planning e.g to inform service level agreements; identify training needs of providers; to inform policy and negotiation of services; wide dissemination of IEC materials

**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:**

The MOH Strategic Plan 2011-2016 has a positive impact in terms of increased management and financial accountability; strengthened STI services within health delivery systems. There has also been scale up of medical services units to provide HIV VCT services.

**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?:**

4

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

Draft NSP 2011-2016; Process of consultations with state and civil society groups

**What challenges remain in this area:**

Finalisation of draft NSP; strengthening of civil society capacity, funding

## 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:**

Minister responsible for HIV/AIDS has championed human rights issues and advocacy for persons living with HIV/AIDS in local media and regionally in the Caribbean. Attended and participated in the Caribbean HIV/AIDS Conference. World AIDS Day Campaigns.

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

No

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

The National AIDS Co-ordinating Committee comprising representatives from civil society, government, PLWH came to an end in March 2011. Currently HIV programmes are being managed by the Ministry of Health HIV/AIDS Co-ordinating Unit and the Tobago HIV/AIDS Committee. An interim HIV agency is being formulated. Government ministries have HIV/AIDS Co-ordinating committees which develop and manage public sector programmes and activities at the ministry level

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

**Have terms of reference?:**

-

**Have active government leadership and participation?:**

-

**Have an official chair person?:**

-

**Have a defined membership?:**

-

**Include civil society representatives?:**

-

**Include people living with HIV?:**

-

**Include the private sector?:**

-

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

-

**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:**

Consultations with stakeholders in planning, monitoring and evaluation

**What challenges remain in this area:**

Establishing an interim HIV Agency with representatives from civil society and the private sector.

**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:**

No

**Technical guidance:**

-

**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:**

Ministerial advocacy and support for HIV in spite of closure of NACC in March 2011

**What challenges remain in this area:**

Appointment of interim HIV agency, secretariat and HIV statutory body Finalization of draft National Strategic Plan (NSP)

## 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:**

Yes

**People with disabilities:**

Yes

**People who inject drugs:**

No

**Prison inmates:**

No

**Sex workers:**

No

**Transgendered people:**

No

**Women and girls:**

Yes

**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:**

Non-discrimination is enshrined in the Constitution of Trinidad and Tobago, the Equal Opportunities Act, the Sexual Offences Act and the Children's Act. The Equal Opportunities Act of 2000 prohibits discrimination in employment, education, the provision of accommodation, and in the provision of goods and services. A bill to Amend the 2000 Act proposes to include prohibition of discrimination on the grounds of HIV status.

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

The Bill has not yet been enacted and hence not yet operational.

**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:**

Yes

**Men who have sex with men:**

Yes

**Migrants/mobile populations:**

-

**Orphans and other vulnerable children:**

-

**People with disabilities:**

-

**People who inject drugs :**

Yes

**Prison inmates:**

Yes

**Sex workers:**

Yes

**Transgendered people:**

-

**Women and girls:**

-

**Young women/young men:**

-

**Other specific vulnerable subpopulations [write in below]:**

-

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

Constitution only prohibits discrimination on the grounds of race, origin, colour, religion and sex. The Sexual Offences Act 1986 criminalizes sex work, activities between men and women and gay and lesbian activities

**Briefly comment on how they pose barriers:**

Poses barriers for certain MARPs in terms of accessing positive prevention services and reinforces stigma and discrimination against certain groups such as sex workers and gay and lesbians.

## 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:**

-

**Avoid commercial sex:**

-

**Avoid inter-generational sex:**

-

**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:**

-

**Prevent mother-to-child transmission of HIV:**

Yes

**Promote greater equality between men and women:**

-

**Reduce the number of sexual partners:**

Yes

**Use clean needles and syringes:**

-

**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:**

Health and Family Life Education

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	No	No	No	Youth
No	No	No	No	No	-
No	Yes	Yes	No	Yes	Youth
No	No	No	No	No	-
No	Yes	Yes	Yes	Yes	-
No	Yes	Yes	No	No	Youth
No	Yes	Yes	Yes	Yes	Youth
No	No	No	No	No	-

**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:**

HIV/PITC for teachers/counsellors Female Condom promotion Improved health and family life education Successful national awareness testing campaign

**What challenges remain in this area:**

Financing Sustainability of effort Targeted IEC messages for key populations

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

Yes

**IF YES, how were these specific needs determined?:**

Through KABP surveys, qualitative research e.g. focus groups, monitoring of key populations e.g MSM, CSW, youth and the homeless.

4.1. To what extent has HIV prevention been implemented?

**Blood safety:**  
Strongly Agree

**Condom promotion:**  
Agree

**Harm reduction for people who inject drugs:**  
-

**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:**  
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:**

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?:

5

## A - V. TREATMENT, CARE AND SUPPORT

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

Yes

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

Access to free ART; Psychosocial counselling; lab support; pharmacy sales; services to PLWH; condoms and social welfare support

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

new treatment sites e.g in Tobago; plans for professional training Diploma in HIV; viral load national service since 2010; early infant 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:**

Strongly 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):**

Agree

**HIV testing and counselling for people with TB:**

Strongly Agree

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

Disagree

**Nutritional care:**

Agree

**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:**

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:**

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?:**

No

**Please clarify which social and economic support is provided:**

free ART provided for PLWH

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

No

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

Yes

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

ALL.

**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:**

National guidelines; national acquisition of viral load service; early infant diagnosis; new treatment site in Tobago; hiring of 2 ID Specialists; development of psychosocial peer support

**What challenges remain in this area:**

TB/HIV collaboration; emerging HIV Drug resistance; need for decentralized treatment services

**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?:**

No

**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?:**

4

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

-

**What challenges remain in this area:**

greater monitoring of this group is required

## **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:**

national M&E plan is dependent on establishment of interim HIV agency and finalization of NSP. Currently M&E is disjointed and uncoordinated. There are studies and surveys but these are not harmonized.

**Briefly describe what the issues are:**

-

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

**A data collection strategy:**

-

**A data analysis strategy:**

-

**A data dissemination and use strategy:**

-

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

-  
**Guidelines on tools for data collection:**

-

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

-

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

No

**Briefly describe any obstacles:**

No interim national co-ordinating HIV mechanism to implement national M&E. There is an M&E unit in the MOH

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?:**

No

**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?:**

No

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

No

**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?:**

-

6.2. Is there a functional Health Information System?

**At national level:**

Yes

**At subnational level:**

Yes

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

COUNTY health districts Regional health authority

**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:**

Treatment and care M&E- PEP Policy; treatment and care guidelines, at risk and vulnerable groups, achievement of targets and goals

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

**At national level?:**

No

**At subnational level?:**

Yes

**IF YES, what was the number trained:**

-

**At service delivery level including civil society?:**

-

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

Yes

**IF YES, describe what types of activities:**

Impact evaluation training; Outcome evaluation training

**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:**

Few

**What challenges remain in this area:**

National M&E framework to be developed and data collection processes defined

## **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?:**

-

**Comments and examples:**

-

**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)?:**

-

**Comments and examples:**

-

3.

**a. The national HIV strategy?:**

-

**b. The national HIV budget?:**

-

**c. The national HIV reports?:**

-

**Comments and examples:**

-

4.

**a. Developing the national M&E plan?:**

-

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

:

-

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

-

**Comments and examples:**

-

**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)?:**

-

**Comments and examples:**

-  
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?:

-

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

-

Comments and examples:

-

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

People living with HIV:

-

Men who have sex with men:

-

People who inject drugs:

-

Sex workers:

-

Transgendered people:

-

Testing and Counselling:

-

Reduction of Stigma and Discrimination:

-

Clinical services (ART/OI)\*:

-

Home-based care:

-

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?:

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

-  
What challenges remain in this area:

## 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?:

## B - III. HUMAN RIGHTS

1.1.

People living with HIV:

-

Men who have sex with men:

-

Migrants/mobile populations:

-

Orphans and other vulnerable children:

-

People with disabilities:

-

People who inject drugs:

-

Prison inmates:

-

Sex workers:

-

Transgendered people:

-

Women and girls:

-

Young women/young men:

-

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?:

-

If YES to Question 1.1 or 1.2, briefly describe the contents of these laws:

-

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?:

-

2.1. IF YES, for which sub-populations?

People living with HIV:

-

Men who have sex with men:

-

Migrants/mobile populations:

-

Orphans and other vulnerable children:

-

People with disabilities:

-

People who inject drugs:

-

Prison inmates:

-

Sex workers:

-

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:

-

Briefly comment on how they pose barriers:

-

3. Does the country have a policy, law or regulation to reduce violence against women, including for example, victims of sexual assault or women living with HIV?:

-

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?:

-

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?:

-

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

-

-

-

-	-	-
-	-	-

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?:

-  
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?:

-  
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?:

-  
9. Does the country have a policy or law prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?:

-  
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)?:

-

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?:

-  
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?:

-  
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?:

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

-  
What challenges remain in this area:

-

## B - IV. PREVENTION

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

- 1.1 To what extent has HIV prevention been implemented?

**Blood safety:**

-

**Condom promotion:**

-

**Harm reduction for people who inject drugs:**

-

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

-

**HIV prevention in the workplace:**

-

**HIV testing and counseling:**

-

**IEC on risk reduction:**

-

**IEC on stigma and discrimination reduction:**

-

**Prevention of mother-to-child transmission of HIV:**

-

**Prevention for people living with HIV:**

-

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

-

**Risk reduction for intimate partners of key populations:**

-

**Risk reduction for men who have sex with men:**

-

**Risk reduction for sex workers:**

-

**School-based HIV education for young people:**

-

**Universal precautions in health care settings:**

-

**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?:

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

- What challenges remain in this area:

## **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?:

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

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

**Antiretroviral therapy:**

-

**ART for TB patients:**

-

**Cotrimoxazole prophylaxis in people living with HIV:**

-

**Early infant diagnosis:**

-

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

-

**HIV testing and counselling for people with TB:**

-



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

-  
Nutritional care:

-  
Paediatric AIDS treatment:

-  
Post-delivery ART provision to women:

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

-  
Post-exposure prophylaxis for occupational exposures to HIV:

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

-  
Sexually transmitted infection management:

-  
TB infection control in HIV treatment and care facilities:

-  
TB preventive therapy for people living with HIV:

-  
TB screening for people living with HIV:

-  
Treatment of common HIV-related infections:

-  
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?:

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

-  
What challenges remain in this area:

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

-  
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:

-  
What challenges remain in this area:

-  
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