Barbados Report NCPI

NCPI **Header**

is indicator/topic relevant?: Yes
is data available?: Yes
Data measurement tool / source: NCPI
Other measurement tool / source:
From date: 01/01/2013
To date: 12/31/2013
Additional information related to entered data. e.g. reference to primary data source, methodological concerns::
Data related to this topic which does not fit into the indicator cells. Please specify methodology and reference to primary data source::
Data measurement tool / source: GARPR

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

Postal address: HIV/AIDS Commission Warrens St. Michael

Telephone: (246)310-1007

Fax:

E-mail: ndrakes@hivaidsbds.org

Describe the process used for NCPI data gathering and validation: Both Parts A and B were administered to the respondents where possible or if requested. In cases where the respondent was not available for interviews or time constraints existed, the questionnaire was given to the prospective respondent to complete and reviewed along with the Assistant Director, National HIV/AIDS Commission to ensure clarity and completeness.

Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions: The NCPI was presented to a cross section of stakeholders from government and civil society organisations at a specially scheduled meeting and agreement sought on the answers to questions on an item-by-item basis. The GARP consultant led the discussions and served as mediator for resolving disagreements or discrepancies.

Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like): NCPI not relevant to the Barbadian context specifically the civil society section assumes that CSOs fill the gaps left by government when in Barbados this is not the case. • Codes not mutually exhaustive – does not allow for ‘not sure’ or ‘don’t know’ response options • Some double barrelled questions • Some questions are leading The NCPI needs to be accompanied by guidelines on how to interpret and complete certain questions.

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

Organization	Names/Positions	Respondents to Part A
Ministry of Health	Dr. Anton Best, Senior Medical Officer of Health (Communicable Diseases)	A1,A2,A3,A4,A5,A6
Ministry of Health	Dr. Dale Babb, Project Director	A1,A2,A3,A4,A5,A6
National HIV/AIDS Commission	Ms. Jacqueline Wiltshire Gay, Director	A1,A2,A4,A5,A6
National HIV/AIDS Commission	Ms. Alexis Nurse, Behaviour Change Communication Specialist	A1,A2,A3,A4,A5,A6
National HIV/AIDS Commission	Miss Nicole Drakes, Assistant Director	A1,A2,A3,A4,A5,A6
Ministry of Health	Miss Shawna Crichlow, Data Analyst	A6
Ministry of Tourism and International Transport	Ms. Angela Brandon- Hall, Deputy Chief Technical Officer (Ag.) & HIV focal point	A1,A2,A3,A4,A5,A6
Ministry of Education	Rev. Hughson Inniss, HIV Coordinator	A1,A2,A3,A4,A5,A6
Ministry of Housing, Lands and Rural Development	Miss Francia Best, HIV Coordinator	A1,A2,A3,A4,A5,A6
Ministry of Labour, Social Security and Human Resource Development	Ms. Rhonda Boucher, Project Coordinator	A1,A2,A3,A4,A6
Ministry of Labour, Social Security and Human Resource Development	Ms. Nicole Hinds, HIV focal point	A1,A2,A3,A4,A5,A6
Ministry of Transport and Works	Ms. Hazel Carrington, HIV Coordinator	A1,A2,A4,A5,A6
Barbados Defence Force	Capt. Julia Dabreo, HIV Coordinator	A1,A2,A3,A4,A5,A6

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

Organization	Names/Positions	Respondents to Part B
Movement Against Discrimination Action Committee (MOVADAC)	Patsy Grannum, member	B1,B2,B3,B4,B5
CARE Barbados	Mrs. Patricia Phillips, member	B1,B2,B3,B4,B5
Community Education Empowerment and Development	Ms. Donovan Emmanuel, Director	B1,B2,B3,B4,B5
Caribbean HIV&AIDS Alliance	Mr. Teddy Leon, Senior Programme Officer -Barbados & Grenada	B1,B2,B3,B4,B5
Family CARE Support Group	Ms. Judy Archer, President	B1,B2,B3,B4,B5
Family CARE Support Group	Ms. Judith Holigan, President	B1,B2,B3,B4,B5
PLAD	Mr. Robert Best, President	B1,B2,B3,B4,B5
UWIHARP	Miss Monique Springer	B1,B2,B3,B4

A.I Strategic plan

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

IF YES, what is the period covered: The 2008-2013 NSP was completed; The 2014-2018 NSP is in draft form, which will be completed by May 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.: There is a Stretegic Framework for HIV/STIs (Health Sector) 2012-2015; BCC Strategy was updated in 2010; the M&E Framework and Operational Plan was revised. There was greater involvement within the health sector for the new NSP. The International Transport Division focused its HIV programming on stigma and discrimination.

IF YES, complete questions 1.1 through 1.10; IF NO, go to question 2.

1.1. Which government ministries or agencies have overall responsibility for the development and implementation of the national multi-sectoral strategy to respond to HIV?: National HIV/AIDS Commission; Ministry of Social Care; Ministry of Health

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

Education:

Included in Strategy: Yes

Earmarked Budget: Yes

Health:

Included in Strategy: Yes

Earmarked Budget: Yes

Labour:

Included in Strategy: Yes

Earmarked Budget: Yes

Military/Police:

Included in Strategy: Yes

Earmarked Budget: Yes

Social Welfare:

Included in Strategy: Yes

Earmarked Budget: Yes

Transportation:

Included in Strategy: Yes

Earmarked Budget: Yes

Women:

Included in Strategy: Yes

Earmarked Budget: Yes

Young People:

Included in Strategy: Yes

Earmarked Budget: Yes

Other: Housing, Tourism, Office of the Attorney General, Agriculture

Included in Strategy: Yes

Earmarked Budget: Yes

IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specific activities?:

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

KEY POPULATIONS AND OTHER VULNERABLE POPULATIONS:

Discordant couples: No

Elderly persons: No

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

Transgender people: No

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations: Yes

SETTINGS:

Prisons: Yes

Schools: Yes

Workplace: Yes

CROSS-CUTTING ISSUES:

Addressing stigma and discrimination: Yes

Gender empowerment and/or gender equality: Yes

HIV and poverty: Yes

Human rights protection: Yes

Involvement of people living with HIV: Yes

IF NO, explain how key populations were identified?:

1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country?

People living with HIV: Yes

Men who have sex with men: Yes

Migrants/mobile populations: Yes

Orphans and other vulnerable children: Yes

People with disabilities: Yes

People who inject drugs: No

Prison inmates: Yes

Sex workers: Yes

Transgender people: No

Women and girls: Yes

Young women/young men: Yes

Other specific key populations/vulnerable subpopulations [write in]:: Drug Users (alcohol and marijuana); beach boys

: Yes

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

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

1.7. 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

1.8. Has the country ensured “full involvement and participation” of civil society in the development of the multisectoral strategy?: Moderate involvement

IF ACTIVE INVOLVEMENT, briefly explain how this was organised.:

IF NO or MODERATE INVOLVEMENT, briefly explain why this was the case.: Some CSOs participate in the coordinators' meeting, high level consultations and validation meetings. They were interviewed and the responses were incorporated into the development of the NSP. CSOs have to be supported to work with key populations.

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

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

IF SOME PARTNERS or NO, briefly explain for which areas there is no alignment/harmonization and why: There are still national entities that do not form part of the NHAC coordinated efforts and do not have structured programmes aligned with the national strategy. There are current efforts to harmonise partnerships. There is poor partnership development between NHAC and UN Agencies.

2.1. Has the country integrated HIV in the following specific development plans?

SPECIFIC DEVELOPMENT PLANS:

Common Country Assessment/UN Development Assistance Framework: Yes

National Development Plan: Yes

Poverty Reduction Strategy: Yes

National Social Protection Strategic Plan: Yes

Sector-wide approach: N/A

Other [write in]:

:

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

HIV-RELATED AREA INCLUDED IN PLAN(S):

Elimination of punitive laws: No

HIV impact alleviation (including palliative care for adults and children): Yes

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

Reduction of income inequalities as they relate to HIV prevention/ treatment, care and /or support: No

Reduction of stigma and discrimination: Yes

Treatment, care, and support (including social protection or other schemes): Yes

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

Other [write in]:

:

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

3.1. IF YES, on a scale of 0 to 5 (where 0 is “Low” and 5 is “High”), to what extent has the evalua¬tion informed resource allocation decisions?: 2

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

Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications and children: Health systems were strengthened through HIV financing/ programming. There was also decentralisation of general healthcare and treatment. There are plans to improve the logistics for the delivery of medication. Development of HIV/STI Strategic Plan designed to guide the strengthening of the health system

5. Are health facilities providing HIV services integrated with other health services?

a) HIV Counselling & Testing with Sexual & Reproductive Health: Many

b) HIV Counselling & Testing and Tuberculosis: Few

c) HIV Counselling & Testing and general outpatient care: Many

d) HIV Counselling & Testing and chronic Non-Communicable Diseases: Many

e) ART and Tuberculosis: Few

f) ART and general outpatient care: Few

g) ART and chronic Non-Communicable Diseases: Few

h) PMTCT with Antenatal Care/Maternal & Child Health: Many

i) Other comments on HIV integration: :

6. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate strategy planning efforts in your country’s HIV programmes in 2013?: 7

Since 2011, what have been key achievements in this area: Programmes concentrating on HIV testing, increased involvement of key populations, and HIV policies in the workplace. The multi-stakeholder approach to the development of the new NSP. Reduction of HIV S&D against PLHIV; Greater condom use amongst MSM; Elimination of PMTCT; increase in HIV-related research; Multi-Sectoral development for 2008-2013 and 2014-2018; Increase in CSO participation in the National HIV/AIDS Programme, particularly for key populations including HOPEN, CEED, EQUALS, MOVADAC and BGLAD.

What challenges remain in this area:: Acceptance and targeted programmes for some marginalised populations such as MSMs including transgender community; There still remains much work to be done to influence positive behaviour change and there is limited BCC programming. Decreasing resources for HIV programming and sustainability after the World Bank project ends. The 16-18 disconnect which was formulated into policy needs to be translated into legislation. Programmes on HIV related S&D still needs scaling-up. There exists ad hoc M&E activities in the NAP

A.II Political support and leadership

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

A. Government ministers: Yes

B. Other high officials at sub-national level: Yes

1.1. In the last 12 months, have the head of government or other high officials taken action that demonstrated leadership in the response to HIV?: Yes

Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership: Promoting/ supporting key HIV/AIDS programmes such as HIV campaigns, research initiatives, and HIV projects. The Speaker of the House of Assembly plays a leadership role in hosting a prevention programme among the parliamentary group; Visible presence at HIV event; advocacy in Cabinet and Parliament; Support through statements in various fora and on various platforms; Minister of Social Care called for greater involvement of persons with disabilities; Minister of Labour called for legislation to address HIV discrimination in the workplace.

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

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

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

Have terms of reference?: Yes

Have active government leadership and participation?: Yes

Have an official chair person?: Yes

IF YES, what is his/her name and position title?: Dr Wendy Sealy, Chair, NHAC

Have a defined membership?: Yes

IF YES, how many members?: 10

Include civil society representatives?: Yes

IF YES, how many?: 2

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?: No

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

IF YES, briefly describe the main achievements:: Through the Social Partnership and the Ministry of Labour's Tripartite Committee on HIV/AIDS; The NHAC hosts a coordination meeting with focal points in Ministries and civil society once a month to coordinate the activities and programmes.

What challenges remain in this area:: Poor planning; Insufficient collaboration; Poor/Weak communication and governance structures; Encouraging private sector involvement; some CSO programmes are poorly developed and structured.

4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?: 7

5. What kind of support does the National HIV Commission (or equivalent) provide to civil society organizations for the implementation of HIV-related activities?

Capacity-building: Yes

Coordination with other implementing partners: Yes

Information on priority needs: Yes

Procurement and distribution of medications or other supplies: No

Technical guidance: Yes

Other [write in]: P:rogramme Development, M&E, Programme Funding

: Yes

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

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

IF YES, name and describe how the policies / laws were amended: Anti-Discrimination policy was changed by the Cabinet of Government Ministries in May 2008; Workplace policies & legislation in the form of the Employment Rights Act 2012; 16-18 disconnect addressed in the form of a policy.

Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies:: The existence of the Buggery Law and Law against Sex Work; there is still a need for legislation on the 16-18 disconnect because the policy is not being implemented as healthcare professionals prefer to have legislation.

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

Since 2011, what have been key achievements in this area:: There has been promotion and support to HIV prevention programmes and putting structures in place to accomplish them; more Ministers speaking positively and supportively about HIV efforts; Minister of Social Care gave full support to the NAP; Sustained support for NAP by MoH, Min of Labour and Prime Minister.

What challenges remain in this area:: The approach to governance needs to be enhanced for greater efficiency and effectiveness. Heads of some departments and ministries do not see HIV as important therefore the HIV programme is not given the support that it requires. This has resulted in poor performance in some sector programmes.

A.III Human rights

1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable groups? Select yes if the policy specifies any of the following key populations and vulnerable groups:

People living with HIV: No

Men who have sex with men: No

Migrants/mobile populations: No

Orphans and other vulnerable children: Yes

People with disabilities: Yes

People who inject drugs: No

Prison inmates: No

Sex workers: No

Transgender people: No

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations [write in]:

: Yes

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:: Apart from the constitution, there is a general non-discrimination policy, which is not yet law

Briefly explain what mechanisms are in place to ensure 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 vulnerable groups?: Yes

IF YES, for which key populations and vulnerable groups?:

People living with HIV: No

Elderly persons: No

Men who have sex with men: Yes

Migrants/mobile populations: Yes

Orphans and other vulnerable children: No

People with disabilities: No

People who inject drugs: Yes

Prison inmates: Yes

Sex workers: Yes

Transgender people: Yes

Women and girls: No

Young women/young men: No

Other specific vulnerable populations [write in]:: Clients of sex workers

: Yes

Briefly describe the content of these laws, regulations or policies:: The existence of the Buggery Law and the law against sex work. Laws permitting 16 years old to consent to sexual intercourse but prohibiting access to medical services unless at least 18 years old. Laws prohibiting non-nationals from accessing some services barriers-non-nationals cannot access ARVs except on a case basis.

Briefly comment on how they pose barriers:: Prisoners do not have access to condoms; Youth unable to obtain urgent medical attention; MSMs may be unwilling to access medical services for fear of stigma and discrimination.

A.IV Prevention

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

IF YES, what key messages are explicitly promoted?:

Delay sexual debut: Yes

Engage in safe(r) sex: Yes

Fight against violence against women: Yes

Greater acceptance and involvement of people living with HIV: Yes

Greater involvement of men in reproductive health programmes: Yes

Know your HIV status: Yes

Males to get circumcised under medical supervision: 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: No

Other [write in]:: Anti-Discrimination

: Yes

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?: No

2.2. Does the strategy include

a) age-appropriate sexual and reproductive health elements?: Yes

b) gender-sensitive sexual and reproductive health elements?: Yes

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

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

Briefly describe the content of this policy or strategy:: Peer educators through peer animators, small group sessions, testing parties.

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

People who inject drugs:

Men who have sex with men: Condom promotion,HIV testing and counseling,Reproductive health, including sexually transmitted infections prevention and treatment,Stigma and discrimination reduction,Targeted information on risk reduction and HIV education,Vulnerability reduction (e.g. income generation)

Sex workers: Condom promotion,HIV testing and counseling,Reproductive health, including sexually transmitted infections prevention and treatment,Stigma and discrimination reduction,Targeted information on risk reduction and HIV education,Vulnerability reduction (e.g. income generation)

Customers of sex workers: Condom promotion,HIV testing and counseling,Reproductive health, including sexually transmitted infections prevention and treatment,Stigma and discrimination reduction,Targeted information on risk reduction and HIV education,Vulnerability reduction (e.g. income generation)

Prison inmates: HIV testing and counseling,Reproductive health, including sexually transmitted infections prevention and treatment,Stigma and discrimination reduction,Targeted information on risk reduction and HIV education,Vulnerability reduction (e.g. income generation)

Other populations [write in]:: Youth, PLHIV, Persons 50+

: Condom promotion,HIV testing and counseling,Reproductive health, including sexually transmitted infections prevention and treatment,Targeted information on risk reduction and HIV education,Vulnerability reduction (e.g. income generation)

3.2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate policy efforts in support of HIV prevention in 2013?: 6

Since 2011, what have been key achievements in this area:: Greater support for HIV education in secondary schools; 16-18 access gap addressed through policy; MTCT policy; Anti-discrimination policy.

What challenges remain in this area:: Involvement of faith-based entities has been limited. Greater focus on key populations. More support from senior officials within government institutions. HIV-related S&D legislation; Prevention activities are not based on evidence and are not aimed at addressing behaviours.

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

IF YES, how were these specific needs determined?: Through research e.g KABP study on S&D and other areas, which can be used to determine need, MSM needs assessment; community work, and meetings with stakeholders.

IF YES, what are these specific needs? : To enhance BCC and reduce stigma and discrimination. Targeting MSMs and women and girls; condom use promotion programmes; funding and technical support for CSOs.

4.1. To what extent has HIV prevention been implemented?

The majority of people in need have access to…:

Blood safety: Strongly agree

Condom promotion: Strongly agree

Economic support e.g. cash transfers: 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: 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: Agree

Risk reduction for sex workers: Agree

Reduction of gender based violence: Disagree

School-based HIV education for young people: Agree

Treatment as prevention: Agree

Universal precautions in health care settings: N/A

Other [write in]::

:

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

Briefly identify how HIV treatment, care and support services are being scaled-up?: Through expansion and decentralisation of services.

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

The majority of people in need have access to…:

Antiretroviral therapy: Strongly disagree

ART for TB patients: Strongly disagree

Cotrimoxazole prophylaxis in people living with HIV: Strongly agree

Early infant diagnosis: Strongly agree

Economic support: Strongly agree

Family based care and support: Disagree

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

HIV testing and counselling for people with TB: Strongly disagree

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

Nutritional care: Agree

Paediatric AIDS treatment: Strongly agree

Palliative care for children and adults Palliative care for children and adults: Agree

Post-delivery ART provision to women: Strongly disagree

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

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

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

Sexually transmitted infection management: Strongly disagree

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

TB preventive therapy for people living with HIV: Disagree

TB screening for people living with HIV: Disagree

Treatment of common HIV-related infections: Strongly agree

Other [write in]::

:

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

Please clarify which social and economic support is provided: Comprehensive nutrition and psycho-social support services with welfare assistance, if required. There is also support from the HIV Food Bank, the Ministry of Housing; Eduational assistance; cash grants and medical.

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 substitu-tion medications?: Yes

IF YES, for which commodities?: Barbados has access to the PAHO Strategic Fund, which can be used for the procurement of ART.

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

Since 2011, what have been key achievements in this area:: There is universal sustained access to ART >80%. Introduction of rapid testing

What challenges remain in this area:: Limited resources

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

6.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?: Yes

6.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?: Yes

7. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2013?: 7

Since 2011, what have been key achievements in this area:: For unidentified children and orphans with the HIV virus administered with appropriate medications and food supplements. Vulnerable children identified are now under the care of the Child Care Board.

What challenges remain in this area:: The ability to address the need for adequate care and attention for orphans and vulnerable children.

A.VI Monitoring and evaluation

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

Briefly describe any challenges in development or implementation:: Poor governance and limited capacity for M&E . Some ministries have been slow in submitting HIV statistics for analysis. Limited appreciation/ understanding of the benefits of M&E.

1.1. IF YES, years covered: 2008-2013 - The framework is still in use; 2014-2018 - Framework being developed to be completed May 2014.

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

Briefly describe what the issues are:: Limited M&E staff; Poor Management, lack of resources within some ministries to fulfil reporting requirements or resistence to completing monitoring and evaluation requirements. Not all partners have active or funded HIV programmes.

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy: Yes

IF YES, does it address::

Behavioural surveys: Yes

Evaluation / research studies: Yes

HIV Drug resistance surveillance: No

HIV surveillance: Yes

Routine programme monitoring: Yes

A data analysis strategy: No

A data dissemination and use strategy: No

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

Guidelines on tools for data collection: No

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

3.1. IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities?: 3

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

Briefly describe any obstacles:: Limited and disjointed M&E staff. The unit does not operate as a harmonized entity and is managed by one person in the non-health multi-sectoral initiative; other ministries contribute to the M&E activities through focal points. The MOH operates a separate M&E system with in the health sector.

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

In the Ministry of Health?: Yes

In the National HIV Commission (or equivalent)?: Yes

Elsewhere?: No

If elsewhere, please specify:

4.2. How many and what type of professional staff are working in the national M&E Unit?

POSITION [write in position titles]	Fulltime or Part-time?	Since when?
Data Analyst, Ministry of Health	Full-time	2007
Assistant Director, NHAC	Full-time	2001
Data Entry Officer	Full-time	2010
Focal Points in Ministries and CSOs	Temps plein	2002
HIV Coordinators	Full-time	

POSITION [write in position titles]	Fulltime or Part-time?	Since when?
Strategic Information Officer	Full-time	2011-2013

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

Briefly describe the data-sharing mechanisms:: A data capture form has been developed for reporting on programme activities in other ministries. Progress reports are supposed to be submitted quarterly to the NHAC; the data from the submitted reports are compiled, analysed and disseminated to strategic partners.

What are the major challenges in this area:: Persons do not submit or delay in the submission of the progress reports as required. Periodic failure to conduct M&E of activities.

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

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

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?:

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

6.2. Is there a functional Health Information System?

At national level: No

At subnational level: No

IF YES, at what level(s)?:

7.1. Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?:

7.2. Is HIV programme coverage being monitored?: Yes

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

(b) IF YES, is coverage monitored by population groups?: No

IF YES, for which population groups?: To determine programme gaps and plan future programmes and activities.

Briefly explain how this information is used::

(c) Is coverage monitored by geographical area?: No

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

Briefly explain how this information is used::

8. Does the country publish an M&E report on HIV, including HIV surveillance data at least once a year?: No

9. How are M&E data used?

For programme improvement?: Yes

In developing / revising the national HIV response?: Yes

For resource allocation?: Yes

Other [write in]::

: No

Briefly provide specific examples of how M&E data are used, and the main challenges, if any:: HIV Surveillance reports are produced every 2 years. Limited M&E staff. Data used to identify programme weaknesses and plan programme activities.

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

At national level?: Yes

IF YES, what was the number trained:: 108

At subnational level?: No

IF YES, what was the number trained:

At service delivery level including civil society?: Yes

IF YES, how many?: 10

10.1. Were other M&E capacity-building activities conducted other than training?: No

IF YES, describe what types of activities: Workshops on leadership on health-related issues; monitoring and evaluation

11. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the HIV-related monitoring and evaluation (M&E) in 2013?: 4

Since 2011, what have been key achievements in this area:: Increased M&E of programmes by CSOs as well as evaluation reports. Small gaps were identified for training needs.

What challenges remain in this area:: Limited financial and human resource capacity. Challenges in delay of submission of data, negatively impacting the timely preparation and dissemination of reports. There is a need for harmonization of all M&E activities with regular meetings of all M&E focal points formalised into a functional M&E Unit.

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 contrib¬uted to strengthening the political commitment of top leaders and national strategy/policy formulations?: 3

Comments and examples:: CSOs have played a significant role in identifying key issues. The involvement of CSOs has included attendence at training; some are members on the Board at the NHAC. They however lack the capacity for the follow through needed to bring about expected change

2. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) have civil society repre¬sentatives 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:: Not all CSOs were engaged in the 2014-2018 NSP, some were not involved in the planning stage of the NSP, only in the feedback consultation whilst others were part of the coordination meetings and development and review meetings. More PLHIV felt they were involved in the previous plan 2008-2013.

3. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) are the services provided by civil society in areas of HIV prevention, treatment, care and support included in:

a. The national HIV strategy?: 3

b. The national HIV budget?: 3

c. The national HIV reports?: 3

Comments and examples:: Some CSOs provide input into monitoring initiatives, particularly through progress reports, and national strategy documents.

4. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society included in the monitoring and evaluation (M&E) of the HIV response?

a. Developing the national M&E plan?: 3

b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?: 2

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

Comments and examples:: Some CSOs are very involved whilst many others did not contribute directly to M&E initiatives but may use the information in their work or attend meetings where information is shared with a wider audience.

5. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, community based organisations , and faith-based organizations)?: 4

Comments and examples:: The NHAC includes CSOs in HIV response, however issues around capacity building for CSO are barriers to deeper engagement. The organisation for PLHIV were involved in community outreach in 2012/2013. The NHAC provided financing to CEED and a representative was invited to sit on the NHAC Board and spearhead a national stigma reduction campaign, specifically targeting marginalised groups, which include key populations. MOVADAC and Equals work with key populations. CHAA works with Sex workers

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?: 3

b. Adequate technical support to implement its HIV activities?: 3

Comments and examples:: A CSO grant system is coordinated by the NHAC. Some CSOs thought there was minimum technical assistance and, due to financial constraints, there were no funds to conduct the annual children's camp. The Ministry of Information, Transport & Business, Tourism and the National Council on Substance Abuse (NCSA) provided support to children. The NCSA provided information and the programmes encourage PLHIV to be self-sufficient and self employed. There were after school programmes for children and literacy programmes for adults in 2012. The Ministry of Labour has also been involved. Some CSOs lack the capacity to develop and implement programmes.

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

Prevention for key-populations:

People living with HIV: 25-50%

Men who have sex with men: <25%

People who inject drugs: <25%

Sex workers: <25%

Transgender people: <25%

Palliative care : <25%

Testing and Counselling: <25%

Know your Rights/ Legal services: <25%

Reduction of Stigma and Discrimination: 25-50%

Clinical services (ART/OI): <25%

Home-based care: <25%

Programmes for OVC: 25-50%

8. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts to increase civil society participation in 2013?: 7

Since 2011, what have been key achievements in this area:: CSOs are involved in the NHAC coodinating meetings and in the development of NSPs. There was condom distribution to beach boys and restaurant workers; established partnerships with life guards; CARE developed a booklet, "Living a Life Beyond HIV". Emergence of new CSOs working on HIV issues such as HOPEN, CEED, EQUALS, MOVADAC and BGLAD.

What challenges remain in this area:: Capacity of CSOs to deliver technical and administrative skills. There were difficulties in finding a location for the after school programme and difficulties in persons committing to the literacy programme. Lack of human resources, materials and a place to meet. Perceived stigma; Peer discrimination; Fear of disclosure of status/ lifestyle.

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:: Through the engagement of PLHIV support groups such as family care, UGALAAB, CARE and newer groups the government worked to build capacity of fledging NGOs. Support to CARE to attend National Conference on HIV in Washington DC in 2012; Urban Development Commission assisted in housing repairs for PLHIV in 2013; Welfare and the Food Bank Provided assistance in 2012 &2013; NHAC provided Family Care with support for children; For some, there has been greater inclusion in the national HIV discussions and forums.

B.III Human rights

1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable subpopulations? Circle yes if the policy specifies any of the following key populations:

KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:

People living with HIV: No

Men who have sex with men: No

Migrants/mobile populations: No

Orphans and other vulnerable children: Yes

People with disabilities: Yes

People who inject drugs: No

Prison inmates: No

Sex workers: No

Transgender people: No

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations [write in]:: There are policies but not legislation. There was an Anti-Trafficking Law in 2012

: No

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

IF YES to Question 1.1 or 1.2, briefly describe the contents of these laws:: There are heteronormative laws against gender based violence, racism, classism and sexism. However, there is discrimination legislation in draft.

Briefly explain what mechanisms are in place to ensure that these laws are implemented:: There is police training and enforcement and through being a signatory to international conventions like CEDAW, Convention on the Rights of the Child, Decent Work through ILO.

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?

KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:

People living with HIV: No

Men who have sex with men: Yes

Migrants/mobile populations: Yes

Orphans and other vulnerable children: No

People with disabilities: No

People who inject drugs: Yes

Prison inmates: Yes

Sex workers: Yes

Transgender people: Yes

Women and girls: No

Young women/young men: No

Other specific vulnerable populations [write in]::

: No

Briefly describe the content of these laws, regulations or policies:: Through the criminalisation of homosexuality, sex work; not providing condoms in prison and not addressing rape as a human rights violation; exclusion/ marginalisation of the mobile population in HIV/SRH national economic discourse; the criminalisation of runaway children. Definition of gender being limited to male and female.

Briefly comment on how they pose barriers:: In trying to advocate for change there are "brick walls" from policy and decision-makers. Transgendered persons are not recognised as individuals; the buggery law encourages stigma and discrimination and as a result persons do not disclose and refuse to go for HIV testing;sex workers are stigmatised and forced underground.

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.: Barbados is currently revising its domestic violence legislation. However, it covers areas such as protection against domestic violence, sexual assault and rape. There is also legislation for trafficking.

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:: To reduce stigma and discrimination; the scaling up of psycho-social and treatment of PLHIV; mainstreaming human rights and gender into the programming; articulates the need for a suitable legislative framework to provide protection for key populations and sanctions for violation of these rights. It is also mentioned in the Ministry of Labour Code of Practice for the work place.

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations and other vulnerable populations?: No

IF YES, briefly describe this mechanism:: While there is no national tool to collect data on discrimination, MOVADAC, a CSO, has a tool to record instances of discrimination for its registry and dissemination to the Ministry of Labour for their Stigma & Discrimination registry.

6. Does the country have a policy or strategy of free services for the following? Indicate if these services are provided free-of-charge to all people, to some people or not at all (circle “yes” or “no” as applicable).

Antiretroviral treatment:

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

Provided free-of-charge to some people in the country: Yes

Provided, but only at a cost: No

HIV prevention services:

Provided free-of-charge to all people in the country: Yes

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

Provided, but only at a cost: No

HIV-related care and support interventions:

Provided free-of-charge to all people in the country: Yes

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

Provided, but only at a cost: No

If applicable, which populations have been identified as priority, and for which services?: Presently non-nationals access ARVs on a case basis. In the upcoming 2014-2018 NSP: Facilitation of Non-nationals, sex workers, and MSMs to receive ART services; mainstreaming of marginalised groups into healthcare (prevention 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

IF YES, Briefly describe the content of this policy/strategy and the populations included:: Both the 2008-2013 and the 2014-2018 NSP target vulnerable groups. MSM, sex workers, heterosexual men, adolescents, and young persons (10-19 years), economically and socially vulnerable women and girls. Eight polyclinics have VCT/HIV counsellors.

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?: Yes

IF YES, briefly explain the different types of approaches to ensure equal access for different populations:: The polyclinics are open at different hours, up until 7pm, with extended time on Saturdays.

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:: The HIV Policy includes "Ensuring that employees or applicants for employment should not be required to be tested for HIV as a pre-condition for application, employment or as a condition for continued employment or advancement".

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

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

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

IF YES on any of the above questions, describe some examples:: MOVADAC and B-GLAD do monitoring and report on incidences of human rights violations against members of the LGBTQI community. CEED educates key populations about their rights.

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

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

b. Programmes for members of the judiciary and law enforcement46 on HIV and human rights issues that may come up in the context of their work?: No

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

a. Legal aid systems for HIV casework: Yes

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

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

IF YES, what types of programmes?:

Programmes for health care workers: Yes

Programmes for the media: Yes

Programmes in the work place: Yes

Other [write in]:: CSOs, PLHIV

: Yes

14. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2013?: 4

Since 2011, what have been key achievements in this area:: Drafting of discrimination legislation. Policies developed with strong human rights approach to mitigate against existing high levels of S&D.

What challenges remain in this area:: HIV is no longer treated as an issue; Policies and laws to regulate/ reprimand breaches of confidentiality/ discrimination at a social level. Gender policies as it relates to HIV are weak. No direct policies for key populations other than PLHIV.

15. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the effort to implement human rights related policies, laws and regulations in 2013?: 3

Since 2011, what have been key achievements in this area:: Draft of anti-discrimination legislation

What challenges remain in this area:: Resistance from policymakers. Moving policy to legislation

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 national consultations with stakeholders; statistical data on HIV rated, surveys etc; needs assessments for key populations and engagement of community organisations by the NHAC.

IF YES, what are these specific needs? : Need to focus more on populations that carry the highest burden. Safe spaces for persons in key populations; stigma-free health services. Increased sustainability of HIV programmes through CSO engagement.

1.1 To what extent has HIV prevention been implemented?

The majority of people in need have access to…:

Blood safety: Strongly agree

Condom promotion: Strongly agree

Harm reduction for people who inject drugs: 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: Agree

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

Universal precautions in health care settings: N/A

Other [write in]::

:

2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV prevention programmes in 2013?: 6

Since 2011, what have been key achievements in this area:: Need to focus more on populations that carry the highest burden. Safe spaces for persons in key populations; stigma-free health services. Increased sustainability of HIV programmes through CSO engagement.

What challenges remain in this area:: Lack of use of key persons - focal points; Peer support for PLHIV to be able to reach clients;Better communication needed; Gap between information and implementation in the civil society; stigma and discrimination of key populations causes limited access by and to these individuals for prevention programmes. Getting a wider cross section of LGBT/MSM to get tested, or be involved in initiatives.

B.V Treatment, care and support

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

IF YES, Briefly identify the elements and what has been prioritized:: Decentralisation of services; rapid testing; community-based testing for key populations; Reduction of HIV transmission among 15-49 age group; sustained elimination of MCTC; reduced HIV-related deaths; ensure an enabling environment based on human rights and gender-based principles.

Briefly identify how HIV treatment, care and support services are being scaled-up?: Improvement in lab equipment and services and pharmacy; decentralisation of services; expanding outreach to key populations.

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

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

Antiretroviral therapy: Strongly agree

ART for TB patients: Strongly agree

Cotrimoxazole prophylaxis in people living with HIV: Strongly agree

Early infant diagnosis: 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: Strongly disagree

Nutritional care: Strongly 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: Strongly agree

Sexually transmitted infection management: Strongly agree

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

TB preventive therapy for people living with HIV: Strongly agree

TB screening for people living with HIV: Disagree

Treatment of common HIV-related infections: Strongly agree

Other [write in]::

:

1.2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2013?: 9

Since 2011, what have been key achievements in this area:: Reduction in AIDS-related deaths; maintaining low rates of MTCT; increasing efforts for VCT amongst key populations; scaling up of HIV rapid testing.

What challenges remain in this area:: Waiting time in clinic; financial constraints for non-nationals and some nationals. Fear of disclosure prevents access to services; fear of discrimination as a result of disclosure prevents access to services; greater collaboration of CSOs and MoH.

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

2.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?: Yes

2.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?: Yes

3. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2013?: 8

Since 2011, what have been key achievements in this area:: Training was conducted by MOVADAC in documentation of human rights, advocacy and LGBT sensitivity for CSOs and armed forces.

What challenges remain in this area:: There are only policies to support PLHIVs but there is need for more comprehensive legislation; there are issues if parents die around relatives' capacity to care for children; stigma and discrimination.