

## Survey Response Details

### Response Information

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### Response Details

#### Page 1

**1) Country**

Trinidad and Tobago (0)

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

Andrew Fearon

**3) Postal address:**

National AIDS Coordinating Committee, 18th Floor, Nicholas Tower, Independence Square, Port of Spain, Trinidad & Tobago

**4) Telephone:**

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**6) E-mail:**

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**7) Describe the process used for NCPI data gathering and validation:**

Meeting were with HIV focal points in the different Government Ministries and sessions were held with Civil and Faith Based Societies.

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

There was general consensus amongst Government Officials. With Civil Society delegates were split into groups to discuss the questions. The groups would then feed back responses to the plenary for

further discussion. This open forum was used to resolve and disagreements.

9)

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

No major concerns reported

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10)

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

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 1	National AIDS Coordinating Committee	Andrew Fearon	A.I, A.II, A.III, A.IV, A.V

11)

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 2	Ministry of Health	Dr.Violet Duke	A.I, A.II, A.III, A.IV, A.V
Respondent 3	Ministry of Labour	Kathlee Ferguson-Stewart	A.I, A.II, A.III, A.IV, A.V
Respondent 4	Ministry of Education	Steve Williams	A.I, A.II, A.III, A.IV, A.V
Respondent 5	Ministry of Social Development	Aileen Clark	A.I, A.II, A.III, A.IV, A.V
Respondent 6	Ministry of National Security	Anthony Whitehall	A.I, A.II, A.III, A.IV, A.V
Respondent 7	Ministry of Sport and Youth Affairs	Patrcia Hinds	A.I, A.II, A.III, A.IV, A.V
Respondent 8	Division of Health and Social Services	Vida Romeo-Guy	A.I, A.II, A.III, A.IV, A.V
Respondent 9	Tobago HIV/AIDS Coordinating Committee	Dr. C. C. Jagdeo	A.I, A.II, A.III, A.IV, A.V
Respondent 10	Division of Settlement and Labour	Desiree Fraser	A.I, A.II, A.III, A.IV, A.V
Respondent 11	Division of Settlement and Labour	Kay Nancis-Joseph	A.I, A.II, A.III, A.IV, A.V
Respondent 12	Division of Planning	Natalie Cummings	A.I, A.II, A.III, A.IV, A.V
Respondent 13	Tobago HIV/AIDS Coordinating Committee Secretariat	Muriel Douglas	A.I, A.II, A.III, A.IV, A.V
Respondent 14	Division of Agriculture	Certica Williams-Orr	A.I, A.II, A.III, A.IV, A.V
Respondent 15	Tobago Health Promotion Clinic	Ray Noel	A.I, A.II, A.III, A.IV, A.V

Respondent 16	Tobago HIV/AIDS Coordinating Committee Secretariat	Onika Henry	A.I, A.II, A.III, A.IV, A.V
Respondent 17	Tobago Regional Health Authority	Nathaniel Duke	A.I, A.II, A.III, A.IV, A.V
Respondent 18			
Respondent 19			
Respondent 20			
Respondent 21			
Respondent 22			
Respondent 23			
Respondent 24			
Respondent 25			

12)

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

Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 1 National AIDS Coordinating Committee	Andrew Fearon	B.I, B.II, B.III, B.IV

13)

Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 2 CAISO	Colin Robinson	B.I, B.II, B.III, B.IV
Respondent 3 TTM+	Ansil Henry	B.I, B.II, B.III, B.IV
Respondent 4 Rape Crisis Society	Marcella Meade	B.I, B.II, B.III, B.IV
Respondent 5 LOVEUNTIL FOUNDATION	Marcia Edmund-Woods	B.I, B.II, B.III, B.IV
Respondent 6	Caroline Alexis-Thomas	B.I, B.II, B.III, B.IV
Respondent 7 MSM. No Political Agenda	Dennis James	B.I, B.II, B.III, B.IV
Respondent 8 South AIDS Support	Terrence Beepath	B.I, B.II, B.III, B.IV
Respondent 9 Rescue Mission	Merle Ali	B.I, B.II, B.III, B.IV
Respondent 10 Celebrating Life	Winston Mansingh	B.I, B.II, B.III, B.IV

Respondent 11	National AIDS Hotline of T&T	Leslie Ann Brathwaite	B.I, B.II, B.III, B.IV
Respondent 12	PSI Caribbean	Ana Rampersad	B.I, B.II, B.III, B.IV
Respondent 13	Rebirth House	Annette Augustus	B.I, B.II, B.III, B.IV
Respondent 14	Family Planning Association of Trinidad and Tobago	Dona Da Costa Martinez	B.I, B.II, B.III, B.IV
Respondent 15	Red Initiatives	O'Leo Lokai	B.I, B.II, B.III, B.IV
Respondent 16	Friends for Life	Kerwyn Jordan	B.I, B.II, B.III, B.IV
Respondent 17	PSI	Julia Roberts	B.I, B.II, B.III
Respondent 18	Young Men Christian Association	Svenn Grant	B.I, B.II, B.III
Respondent 19	Tobago Oasis Department of Youth	Deborah Williams	B.I, B.II, B.III, B.IV
Respondent 20	L'Anse Jouveni Village Council	Ethlyn Chance	B.I, B.II, B.III, B.IV
Respondent 21	TAS	Elizabeth Martin	B.I, B.II, B.III
Respondent 22	Perlatuvier Village Council	Kayomi Winchester	B.I, B.II, B.III, B.IV
Respondent 23	Mt. St George Village Council	Lennox Forde	B.I, B.II, B.III, B.IV
Respondent 24	Calder Hall Village Council	Duport Ewing	B.I, B.II, B.III, B.IV
Respondent 25	Glamorgan Village Council	Carl Mc Ewen	B.I, B.II, B.III, B.IV

**14) If the number of respondents to Part B is more than 25, please enter the rest of respondents for Part B in below box.**

Tobago Youth Council - Delene White Louis D'or - Meana Boyce Union - Yvonne Gill Public Health - Francis Toby Rape Crisis Society Project - Margaret Mitchell Tobago Oasis - Machel Timothy EDASIS - Philomen Spencer Grey

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15)

**Part A, Section 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 (0)**

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**16) Part A, Section I: STRATEGIC PLAN**

**Question 1 (continued)**

**Period covered:**

2004-2008

17)

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

**Number of Years**

6

18)

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

	Included in strategy	Earmarked budget
Health	Yes	Yes
Education	Yes	Yes
Labour	Yes	Yes
Transportation	No	No
Military/Police	Yes	Yes
Women	Yes	Yes
Young people	Yes	Yes
Other*	No	No

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19)

**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?**

Ministry of Social Development yes (budget) yes (strategy)

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20)

**Part A, Section I: STRATEGIC PLAN**

**1.3 Does the multisectoral strategy address the following target populations, settings and crosscutting issues?**

Target populations	
a. Women and girls	Yes
b. Young women/young men	Yes
c. Injecting drug users	No
d. Men who have sex with men	Yes
e. Sex workers	Yes
f. Orphans and other vulnerable children	Yes

g. Other specific vulnerable subpopulations\*

**Settings**

h. Workplace Yes

i. Schools Yes

j. Prisons Yes

**Cross-cutting issues**

k. HIV and poverty No

l. Human rights protection Yes

m. Involvement of people living with HIV Yes

n. Addressing stigma and discrimination Yes

o. Gender empowerment and/or gender equality Yes

21)

**1.4 Were target populations identified through a needs assessment?**

Yes (0)

**Page 10**

22)

**Part A, Section I: STRATEGIC PLAN**

**Question 1.4 (continued)**

**IF YES, when was this needs assessment conducted?**

Please enter the year in yyyy format

2002

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23)

**Part A, Section I: STRATEGIC PLAN**

**1.5 What are the identified target populations for HIV programmes in the country?**

Men who have sex with men, sex workers, drug users, young people, women and girls.

24)

**1.6 Does the multisectoral strategy include an operational plan?**

Yes (0)

25)

**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? Yes  
 e. A monitoring and evaluation framework? Yes

26)

**1.8 Has the country ensured “full involvement and participation” of civil society\* in the development of the multisectoral strategy?**

Moderate involvement (0)

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27)

**IF NO or MODERATE involvement, briefly explain why this was the case:**

There has been regular consultations with civil society.

28)

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

Yes (0)

29)

**1.10 Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?**

Yes, all partners (0)

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30)

**Part A, Section I: STRATEGIC PLAN**

**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 (0)

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31)

**Part A, Section I: STRATEGIC PLAN**

**2.1 IF YES, in which specific development plan(s) is support for HIV integrated?**

- |  |     |
|--|-----|
| a. National Development Plan                                       | Yes |
| b. Common Country Assessment / UN Development Assistance Framework | Yes |
| c. Poverty Reduction Strategy                                      | No  |

d. Sector-wide approach  
 e. Other: Please specify

No

32)

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

HIV-related area included in development plan(s)	
HIV prevention	Yes
Treatment for opportunistic infections	Yes
Antiretroviral treatment	Yes
Care and support (including social security or other schemes)	Yes
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	No
Reduction of stigma and discrimination	Yes
Women's economic empowerment (e.g. access to credit, access to land, training)	Yes
Other: Please specify	

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33)

**Part A, Section I: STRATEGIC PLAN**

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

Yes (0)

**Page 17**

34)

**Part A, Section I: STRATEGIC PLAN**

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

2 (2)

35)

**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 (0)

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36)

**Part A, Section I: STRATEGIC PLAN**

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

Behavioural change communication	Yes
Condom provision	No
HIV testing and counselling	No
Sexually transmitted infection services	Yes
Antiretroviral treatment	No
Care and support	Yes
Other: Please specify	

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37)

**5. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations or other vulnerable subpopulations?**

Yes (0)

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38)

**Part A, Section I: STRATEGIC PLAN**

**5.1 IF YES, for which subpopulations?**

a. Women	Yes
b. Young people	Yes
c. Injecting drug users	No
d. Men who have sex with men	No
e. Sex Workers	No
f. Prison inmates	No
g. Migrants/mobile populations	No
Other: Please specify	

39)

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

The applicable anti-discrimination law in Trinidad and Tobago is the Equal Opportunities Act 2000 (as amended 2001).

40)

**Briefly comment on the degree to which these laws are currently implemented:**

Discrimination is defined in sections 5-7 of the Act. The act does not specifically refer to "most-at-risk" persons or vulnerable sub-populations but Section 7 may offer some level of protection.

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41)

**Part A, Section I: STRATEGIC PLAN**

**6. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations or other vulnerable subpopulations?**

Yes (0)

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42)

**Part A, Section I: STRATEGIC PLAN**

**6.1 IF YES, for which subpopulations?**

a. Women	No
b. Young people	Yes
c. Injecting drug users	No
d. Men who have sex with men	No
e. Sex Workers	No
f. Prison inmates	Yes
g. Migrants/mobile populations	No

Other: Please specify

43)

**IF YES, briefly describe the content of these laws, regulations or policies:**

Trinidad and Tobago does not have any operable law which seeks to prevent in any way effective HIV prevention, treatment, care and support. However, a definitive conclusion can only be made if "effective HIV prevention, treatment, care and support" is specifically defined.

44)

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

Although homosexuality is not illegal buggery is an offence and there is significant stigma and discrimination associated with being homosexual. Sex workers have problems in accessing services due to discrimination.

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45)

**Part A, Section I: STRATEGIC PLAN**

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

Yes (0)

**Page 24**

46)

**Part A, Section I: STRATEGIC PLAN****7.1 Have the national strategy and national HIV budget been revised accordingly?**

No (0)

47)

**7.2 Have the estimates of the size of the main target populations been updated?**

Yes (0)

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48)

**Part A, Section I: STRATEGIC PLAN****7.3 Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?**

No (0)

49)

**7.4 Is HIV programme coverage being monitored?**

Yes (0)

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50)

**Part A, Section I: STRATEGIC PLAN****Question 7.4 (continued)****(a) IF YES, is coverage monitored by sex (male, female)?**

Yes (0)

51)

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

No (0)

**Page 28****52) Part A, Section I: STRATEGIC PLAN**

**Question 7.4 (continued)****(c) Is coverage monitored by geographical area?**

Yes (0)

**Page 29**

53)

**Part A, Section I: STRATEGIC PLAN****Question 7.4 (c) (continued)****IF YES, at which geographical levels (provincial, district, other)?**

**At county level (there are nine countries in Trinidad and Tobago each comprising several districts.**

54)

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

Information is used for programme planning (prevention,treatment and care)

55)

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

Yes (0)

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56)

**Part A, Section I: STRATEGIC PLAN****Question 7.5 (continued)****Overall, how would you rate strategy planning efforts in the HIV programmes in 2009?**

6 (6)

57)

**Since 2007, what have been key achievements in this area:**

Initiation of dried blood spot testing in 2008. Establishment of the Trinidad and Tobago Health Training Centre for HIV training. New treatment site at Sangre Grande (2009") new same day visit HIV testing sites (2009. HIV focal points in government ministries. National HIV & AIDS workplace policy,HIV Testing policy,adult and Paediatric treatment & care guidelines,the costed M&E plan.

58)

**What are remaining challenges in this area:**

Expansion of treatment and care programmes. Development of persons trained in testing and

counseling. Insufficient private sector involvement. Poor attitude towards and practice of data collection. Resistance to decentralisation and integration of HIV services into mainstream health programmes. Waning support in light of chronic non communicable disease and H1N1.

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59)

**Part A, Section II: POLITICAL SUPPORT**

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

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

60)

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

Yes (0)

**Page 32**

61)

**2.1 IF YES, when was it created?**

Please enter the year in yyyy format

2003

62)

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

Name	Angela Lee Loy
Position/title	NACC Chair

63)

**2.3 IF YES, does the national multisectoral AIDS coordination body:**

have terms of reference?	Yes
have active government leadership and participation?	Yes
have a defined membership?	Yes
include civil society representatives?	Yes
include people living with HIV?	Yes
include the private sector?	Yes
have an action plan?	Yes
have a functional Secretariat?	Yes

meet at least quarterly?	Yes
review actions on policy decisions regularly?	Yes
actively promote policy decisions?	Yes
provide opportunity for civil society to influence decision-making?	Yes
strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?	Yes

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64)

**Part A, Section II: POLITICAL SUPPORT****Question 2.3 (continued)**

**If you answer "yes" to the question "does the National multisectoral AIDS coordination body have a defined membership", how many members?**

Please enter an integer greater than or equal to 1

36

65)

**If you answer "yes" to the question "does the National multisectoral AIDS coordination body include civil society representatives", how many?**

Please enter an integer greater than or equal to 1

3

66)

**If you answer "yes" to the question "does the National multisectoral AIDS coordination body include people living with HIV", how many?**

Please enter an integer greater than or equal to 1

1

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67)

**Part A, Section II: POLITICAL SUPPORT**

**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 (0)

**Page 35**

68)

**Part A, Section II: POLITICAL SUPPORT**

**Question 3 (continued)**

**IF YES, briefly describe the main achievements:**

There are regular and periodic meetings with CSO's.

69)

**Briefly describe the main challenges:**

Challenges. CSO participation and capacity to manage the process. There is also criticism that meetings are a talk shop with little action.

70)

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

Information on priority needs	Yes
Technical guidance	Yes
Procurement and distribution of drugs or other supplies	No
Coordination with other implementing partners	Yes
Capacity-building	Yes
Other: Please specify	

71)

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

Yes (0)

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72)

**Part A, Section II: POLITICAL SUPPORT**

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

No (0)

**Page 38**

73)

**Part A, Section II: POLITICAL SUPPORT**

**Question 6.1 (continued)**

**Overall, how would you rate the political support for the HIV programmes in 2009?**

4 (4)

74)

**Since 2007, what have been key achievements in this area:**

There has been regular addresses on HIV by the Prime Minister and other government ministries.

75)

**What are remaining challenges in this area:**

The main challenge is that HIV is slipping of the agenda-non communicable disease, the economy and global warming are increasingly higher priority.

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76)

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

Yes (0)

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77)

**Part A, Section III: PREVENTION****1.1 IF YES, what key messages are explicitly promoted?**

Check for key message explicitly promoted (multiple options allowed)

- a. Be sexually abstinent (0)
- b. Delay sexual debut (0)
- c. Be faithful (0)
- d. Reduce the number of sexual partners (0)
- e. Use condoms consistently (0)
- f. Engage in safe(r) sex (0)
- k. Greater acceptance and involvement of people living with HIV (0)
- n. Know your HIV status (0)
- o. Prevent mother-to-child transmission of HIV (0)

78)

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

No (0)

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79)

**Part A, Section III: PREVENTION**

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

Yes (0)

80)

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

primary schools?	No
secondary schools?	No
teacher training?	Yes

81)

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

No (0)

82)

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

No (0)

83)

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

Yes (0)

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84)

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

Check which specific populations and elements are included in the policy/strategy

Targeted information on risk reduction and HIV	Men having sex with men	Other populations
--	-------------------------	-------------------

education	men having sex with men, Other populations
Stigma and discrimination reduction	Men having sex with men, Sex workers, Clients of sex workers, Prison inmates, Other populations
Condom promotion	Men having sex with men, Sex workers, Clients of sex workers, Prison inmates, Other populations
HIV testing and counselling	
Reproductive health, including sexually transmitted infections prevention and treatment	
Vulnerability reduction (e.g. income generation)	
Drug substitution therapy	
Needle & syringe exchange	

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85)

**Part A, III. PREVENTION****Question 3.1 (continued)****Overall, how would you rate the policy efforts in support of HIV prevention in 2009?**

6 (6)

86)

**Since 2007, what have been key achievements in this area:**

Key achievements HIV testing policy approved, final policies on PMTCT,prophylaxis,youth,sexual & reproductive health,education sector policy and national workplace policy on HIV & AIDS.

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87)

**Part A, III. PREVENTION****4. Has the country identified specific needs for HIV prevention programmes?**

Yes (0)

**Page 46**

88)

**Part A, III. PREVENTION****Question 4 (continued)****IF YES, how were these specific needs determined?**

Situational & response analysis,Tobago 1999 and Trinidad 2003. Knowledge,Attitudes,Behaviour and Perceptions survey 2007. Young Women and the Management of Sexual Relationships 2009.

89)

**4.1 To what extent has HIV prevention been implemented?**

**The majority of people in need  
have access**

**HIV prevention component**

Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Don't agree
IEC* on stigma and discrimination reduction	Agree
Condom promotion	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	Don't agree
Risk reduction for men who have sex with men	Agree
Risk reduction for sex workers	Agree
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	Don't agree
HIV prevention for out-of-school young people	Don't agree
HIV prevention in the workplace	Don't agree
Other: please specify	Agree

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90)

**Part A, III. PREVENTION**

**Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?**

7 (7)

91)

**Since 2007, what have been key achievements in this area:**

Increase in the number of rapid testing sites, PITC training VCT and rapid testing. RapPort interventions with in and out of school youth.

92)

**What are remaining challenges in this area:**

Stigma & Discrimination limiting access to MARP's, limited targeted behaviour change prevention programmes with M&E input.

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93)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT**

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

Yes (0)

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94)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT**

**1.1 IF YES, does it address barriers for women?**

No (0)

95)

**1.2 IF YES, does it address barriers for most-at-risk populations?**

No (0)

96)

**2. Has the country identified the specific needs for HIV treatment, care and support services?**

Yes (0)

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97)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT**

**Question 2 (continued)**

**IF YES, how were these determined?**

SARA-Situation and Response analysis (Tobago:1999;Trinidad:2001

98)

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

**The majority of people in need have access**

**HIV treatment, care and support service**

Antiretroviral therapy	Agree
Nutritional care	Don't agree
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Agree

Home-based care	Agree
Palliative care and treatment of common HIV-related infections	Agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	Don't agree
TB infection control in HIV treatment and care facilities	Don't agree
Cotrimoxazole prophylaxis in HIV-infected people	Don't agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Agree
HIV treatment services in the workplace or treatment referral systems through the workplace	Don't agree
HIV care and support in the workplace (including alternative working arrangements)	Don't agree
Other: Cotrimoxazole prophylaxis in HIV exposed infants	Agree

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99)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT**

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

Yes (0)

100)

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

Yes (0)

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101)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT****Question 4 (continued)****IF YES, for which commodities?:**

Antiretrovirals, condoms, opportunistic infection drugs, laboratory reagents and equipment.

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102)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT**

**Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?**

7 (7)

103)

**Since 2007, what have been key achievements in this area:**

One new treatment and care site at Sangre Grande. Adult and Paediatric Treatment and Care Guidelines. Procurement of CD4 and viral load machines. Hiring of infectious disease specialists. Training of multidisciplinary team in Treatment, Care and Support. Decrease in national stock outs of ARV.

104)

**What are remaining challenges in this area:**

Decentralisation of Treatment sites. Integration of HIV care into the mainstream health services. Insufficient trained staff to offer quality HIV Treatment and Care service.

**Page 54**

105)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT****5. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?**

No (0)

**Page 57**

106)

**Part A, Section V: MONITORING AND EVALUATION****1. Does the country have *one* national Monitoring and Evaluation (M&E) plan?**

In progress (0)

**Page 64**

107)

**4. Are M&E priorities determined through a national M&E system assessment?**

Yes (0)

**Page 65**

108)

**Part A, Section V: MONITORING AND EVALUATION****Question 4 (continued)****IF YES, briefly describe how often a national M&E assessment is conducted and what the assessment involves:**

There has only been one national M&E assessment during the life of the national strategic plan.

109)

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

No (0)

**Page 66**

110)

**Part A, Section V: MONITORING AND EVALUATION****Question 5 (continued)****IF NO, what are the main obstacles to establishing a functional M&E Unit?**

Poor understanding of the value of M&E including data collection.

**Page 69**

111)

**What are the major challenges?**

Recruitment and retention of suitably qualified personnel.

**Page 70**

112)

**Part A, Section V: MONITORING AND EVALUATION****6. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?**

Yes, but meets irregularly (0)

113)

**6.1 Does it include representation from civil society?**

Yes (0)

**Page 71**114) **Part A, Section V: MONITORING AND EVALUATION****Question 6.1 (continued)****IF YES, briefly describe who the representatives from civil society are and what their role is:**

Trinidad and Tobago network of HIV+ give feedback on their perspective of the PLHIV community.

115)

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

No (0)

**Page 73**

116)

**7.3 Is there a functional\* Health Information System?**

At national level

At subnational level Yes

**Page 74****117) Part A, Section V: MONITORING AND EVALUATION**

**For Question 7.2, you have checked "Yes, but only some of the above", please specify what the central database has included.**

**For Question 7.3, you have indicated "Yes" to "subnational level", please specify at what level(s)?**

At the subnational level for sites that deliver HIV treatment sites, Trinidad public health laboratory, national surveillance unit, blood bank, STI treatment, counseling and testing. RapPort

118)

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

No (0)

119)

**9. To what extent are M&E data used****9.1 in developing / revising the national AIDS strategy?:**

1 (1)

120)

**Provide a specific example:**

Trinidad AND Tobago has conducted a national AIDS spending assessment since 2002.

121)

**What are the main challenges, if any?**

Poor understanding of the role of management accounting in the public sector especially identifying cost centres and beneficiary populations.

**Page 75****122) Part A, Section V: MONITORING AND EVALUATION**

**9.2 To what extent are M&E data used for resource allocation?**

2 (2)

123)

**Provide a specific example:**

Trinidad and Tobago has conducted a national AIDS spending assessment since 2002.

124)

**What are the main challenges, if any?**

Poor understanding of the role of management accounting in the public sector especially identifying cost centres and beneficiary populations.

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125)

**Part A, Section V: MONITORING AND EVALUATION****9.3 To what extent are M&E data used for programme improvement?:**

2 (2)

**Page 77****126) Part A, Section V: MONITORING AND EVALUATION****10. Is there a plan for increasing human capacity in M&E at national, subnational and service-delivery levels?:**

Yes, but only addressing some levels (0)

**Page 78****127) Part A, Section V: MONITORING AND EVALUATION****For Question 10, you have checked "Yes, but only addressing some levels", please specify**

at national level (0)

128)

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

At national level?	Yes
At subnational level?	
At service delivery level including civil society?	

**Page 79**

**129) Part A, Section V: MONITORING AND EVALUATION****Question 10.1 (continued)****Please enter the number of people trained at national level.**

Please enter an integer greater than 0

3

**Page 80**

130)

**Part A, Section V: MONITORING AND EVALUATION****10.2 Were other M&E capacity-building activities conducted other than training?**

No (0)

**Page 82****131) Part A, Section V: MONITORING AND EVALUATION****Question 10.2 (continued)****Overall, how would you rate the M&E efforts of the HIV programme in 2009?**

2 (2)

**Page 83**

132)

**Part B, Section I: HUMAN RIGHTS****1. Does the country have laws and regulations that protect people living with HIV against discrimination? (including both general non-discrimination provisions and provisions that specifically mention HIV, focus on schooling, housing, employment, health care etc.)**

No (0)

**Page 84**

133)

**2. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations and other vulnerable subpopulations?**

Yes (0)

**Page 85**

134)

**Part B, Section I. HUMAN RIGHTS****2.1 IF YES, for which subpopulations?**

- a. Women
  - b. Young people
  - c. Injecting drug users
  - d. Men who have sex with men
  - e. Sex Workers
  - f. prison inmates
  - g. Migrants/mobile populations
- Other: Please specify

135)

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

We not sure of the mechanism for people to seek redress under the laws-i.e domestic violence act- the role of the police-private matter? People are charged under sexual offences act-are judges familiar with these laws and how they can apply in respect to HIV.

136)

**Briefly describe the content of these laws:**

Yes for women and young children-equal opportunities act,sexual offences act,domestic violence act,children's act.Rest of sub populations is No.i.e social displace. There are laws which discriminate against vulnerable persons. Need to consider other types of drug use. The term other- for our context needs to address substance users and differently able people.

137)

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

Abuse of existing laws-i.e. sex workers and solicitation laws/vagrancy laws for migrant populations. Laws inadequate. Difficult to provide training to police and "criminalized groups". Confidence that we have in the judicial and police systems,confidentiality,enforcement,variation in the sentencing,constant review and the role of civil society in constant review. We have existing laws which may not directly include HIV but they can be amended. Mechanism of protection is the equal opportunity commission.

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138)

**Part B, Section I. HUMAN RIGHTS****3. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations and other vulnerable subpopulations?**

Yes (0)

**Page 87**

139)

**Part B, Section I. HUMAN RIGHTS****3.1 IF YES, for which subpopulations?**

a. Women	Yes
b. Young people	Yes
c. Injecting drug users	Yes
d. Men who have sex with men	Yes
e. SexWorkers	Yes
f. prison inmates	Yes
g. Migrants/mobile populations	Yes
Other:Elderly are not catered for	No

140)

**IF YES, briefly describe the content of these laws, regulations or policies:**

All the legislation is hetero normative. If you get convicted for consensual buggery there is mandatory HIV test. Abstinence only programmes in schools, age discrimination in testing, cultural insensitive i.e opening and closing times, condom policy i.e ages. The laws assumes that everyone does the same things -no sub cultures. Exclusion of the gender policy i.e diversity.

141)

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

Potential conflict between statutory rape and marriage age 14 with parental consent. Certain types of sex which are criminalized irrespective of the age. Age discrepancies for reporting 15-24 impacts on age for consent at 16 and 18. HIV prevalence below the age of 16. Discrimination of children as they cannot get access to testing outside of parent consent. Laws need to consider behaviour for access to services.

**Page 88**142) **Part B, Section I. HUMAN RIGHTS****4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?**

Yes (0)

**Page 89**

143)

**Part B, Section I. HUMAN RIGHTS**

**Question 4 (continued)**

**IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:**

The current strategic plan. However further investigation is required to gather all the strategies. Review the legislative assessment. The NSP which mentions rights, but there is lack of enforcement, work mentioned. Is there an awareness of the NSP to the general public, in terms of PLWHIV and no HIV+ people. Did all firms receive the NSP and was this adequately published and advertised. There is lack of the awareness of the NSP and the contents re: Human Rights. The ILO workplace policy was discussed however there is no enforcement. The document has been "shelved collecting cobwebs".

144)

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

Yes (0)

**Page 90**

145)

**Part B, Section I. HUMAN RIGHTS****Question 5 (continued)**

**IF YES, briefly describe this mechanism:**

The Human Rights Desk began with Global Fund funding to CRN+. Currently funded by NACC from World Bank loan, based at HIV/AIDS Alliance. Unclear what happens to complaints. One person effort with formal complaint form. Several changes in donors and therefore experiences gaps in funding. This has been in existence for the past three (3) Years. Yes there is a Human Rights Desk in Trinidad, there needs to have an advocate in Tobago that is active and effective. They are just documenting cases, nothing else is being done.

146)

**6. Has the Government, through political and financial support, involved people living with HIV, most-at-risk populations and/or other vulnerable subpopulations in governmental HIV-policy design and programme implementation?**

Yes (0)

**Page 91**

147)

**Part B, Section I. HUMAN RIGHTS****Question 6 (continued)**

**IF YES, describe some examples:**

Consultation events on policy documents eg. Legislative review,2004-2008 strategic plan. These include workshops at start of policy development process. The only planning bodies responsible for policy development are the NACC's five sub-committees.MSM and PLHIV appear to be represented on at least two committees.This involvement only began in earnest in 2003,well into the last cycle of the NSP.The community consultations are events based. Funded by NACC,NGO's-1year grants,IEC committee. Not enough is being done.Recommendations are being made but there is no implementation.PLHIV+ affected are not included in the policy design.

148)

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

- |   |     |
|---|-----|
| a. HIV prevention services                    | Yes |
| b. Antiretroviral treatment                   | Yes |
| c. HIV-related care and support interventions | Yes |

**Page 92**

149)

**Part B, Section I. HUMAN RIGHTS**

**Question 7 (continued)**

**IF YES, given resource constraints, briefly describe what steps are in place to implement these policies and include information on any restrictions or barriers to access for different populations:**

HIV testing is free at government facilities and STI clinics and some HIV specific non-governmental programmes charge. Voluntary groups organise awareness events eg. candlelight vigil Serious gaps for prevention,financial support,human resource Interruptions in supply of condoms Tobago Health promotion clinic where there is free testing. Barriers for MSM as there is no law and there is stigma associated with the clinics. Clinics,Barriers-if you start in Trinidad you cannot then go to Tobago-barriers to moving-access treatment despite your location.MSM barriers to access treatment-perception of stigma. No and very limited free care &support for social service. The burden of care is on CSO,s and community.

150)

**8. Does the country have a policy to ensure equal access for women and men to HIV prevention, treatment, care and support?**

No (0)

**Page 93**

151)

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

No (0)

**Page 95**

152)

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

No (0)

153)

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

No (0)

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154)

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

No (0)

155)

**– Focal points within governmental health and other departments to monitor HIV-related human rights abuses and HIV-related discrimination in areas such as housing and employment**

No (0)

156)

**– Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts**

No (0)

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157)

**Part B, Section I. HUMAN RIGHTS**

**13. In the last 2 years, have members of the judiciary (including labour courts/ employment tribunals) been trained/sensitized to HIV and human rights issues that may come up in the context of their work?**

No (0)

158)

**– Legal aid systems for HIV casework**

- No (0)
- 159) – **Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV**
- No (0)
- 160) – **Programmes to educate, raise awareness among people living with HIV concerning their rights**
- Yes (0)
- 161) **15. Are there programmes in place to reduce HIV-related stigma and discrimination?**
- Yes (0)

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162)

**Part B, Section I. HUMAN RIGHTS****Question 15 (continued)****IF YES, what types of programmes?**

Media	Yes
School education	Yes
Personalities regularly speaking out	Yes
Other: please specify	Yes

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163)

**Part B, Section I. HUMAN RIGHTS****Question 15 (continued)****Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2009?**

1 (1)

164)

**Since 2007, what have been key achievements in this area:**

Media,school,outreach,health fares.

165)

**What are remaining challenges in this area:**

Gender policy, legislative assessment (incomplete), last cohesion

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166)

**Part B, Section I. HUMAN RIGHTS****Question 15 (continued)**

**Overall, how would you rate the efforts to enforce the existing policies, laws and regulations in 2009?**

0

167)

**What are remaining challenges in this area:**

Lack of representation at decision making levels Lack of monitoring and evaluation Lack of advocacy by the CSO Lack of support to human rights desk Disconnect between reporting and action Focus have shifted to other diseases eg. H1NI, STI's Medication not approved, loss of interest by people who have the power to change.

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168)

**Part B, Section II: CIVIL SOCIETY\* PARTICIPATION**

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

2 (2)

169)

**Comments and examples:**

Have adhoc strategy with regards to stakeholders Need focused personnel TTHAA is an entity to bring together the NGO's-the community needs a strong entity Activism is not forceful Tobago is rating 3 because there are awareness marches, candlelight vigils and WAD programmes

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170)

**Part B, Section II. CIVIL SOCIETY PARTICIPATION**

**2. To what extent 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)?**

2 (2)

171)

**Comments and examples:**

Planning-2 Budgeting-0 Planning is always done,budgeting is a weak point,lack of funding Tobago is rating 0-no involvement in budgeting,no knowledge of fund dissemination,no person is directly responsible on the government side. At least one member of each group/CSO should have been involved in the planning and budget process.

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172)

**Comments and examples:**

Trinidad:AIDS strategy -1 AIDS budget -1 AIDS report -3 Credit for NGO work but no funding  
Tobago:AIDS strategy -0 AIDS budget -0 AIDS report -1 Insufficient information via websites and information is not up to date.

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173)

**Comments and examples:**

Trinidad:M&E plan -1;there is a plan but has not been implemented yet M&E activities -0 M&E efforts -4;a reciprocation need with regards to information from CSO Tobago:M&E plan -0 M&E activities -0 M&E efforts -0 There is no structured M&E plan from the government at the national level.

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174)

**Comments and examples:**

Trinidad -3 MSM & sex workers are not represented Faith based organisations not showing the interest or participation toward community as they should. Tobago -2 Not enough representation i.e training programmes and international programmes.Minimum attendance-attendees going for the ride/holiday and PLHIV are not going. Information gleaned is not used to improve the system. Reports are not seen or vetted form international workshops.

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175)

**Comments and examples:**

Trinidad: adequate financial support to implement its HIV activities -0 adequate technical support to implement its HIV activities -1 There are lots of the resources available but funding have ended. Tobago: adequate financial support to implement its HIV activities -2 adequate technical support to implement its HIV activities -3 If the agency does not depend on government funding is a problem. Technical support is received but not on a timely basis. Lack of resource personnel to implement.

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**176) Part B, Section II. CIVIL SOCIETY PARTICIPATION**

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

Prevention for youth	51-75%
<b>Prevention for most-at-risk-populations</b>	
- Injecting drug users	>75%
- Men who have sex with men	>75%
- Sex workers	>75%
Testing and Counselling	<25%
Reduction of Stigma and Discrimination	51-75%
Clinical services (ART/OI)*	<25%
Home-based care	51-75%
Programmes for OVC**	51-75%

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177)

**Part B, Section II. CIVIL SOCIETY PARTICIPATION**

**Question 7 (continued)**

**Overall, how would you rate the efforts to increase civil society participation in 2009?**

5 (5)

178)

**Since 2007, what have been key achievements in this area:**

Reduction in S&D through counselling

179)

**What are remaining challenges in this area:**

Needs national certification Efforts to increase CSO Efforts to increase very poor Need support to build specialised team Need funding,more trained personnel, delivery of programmes

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180)

**Part B, Section III: PREVENTION**

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

Yes (0)

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181)

**Part B, Section III: PREVENTION**

**Question 1 (continued)**

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

Surveys,consultation, research and assessments that have been conducted by the THACCS - 2009

182)

**1.1 To what extent has HIV prevention been implemented?**

<b>The majority of people in need have access</b>	
<b>HIV prevention component</b>	
Blood safety	Agree
Universal precautions in health care settings	Don't agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Don't agree
IEC* on stigma and discrimination reduction	Don't agree
Condom promotion	Agree
HIV testing and counselling	Don't agree
Harm reduction for injecting drug users	Don't agree
Risk reduction for men who have sex with men	Don't agree
Risk reduction for sex workers	Don't agree
Reproductive health services including sexually transmitted infections prevention and treatment	Don't agree
School-based HIV education for young people	Don't agree
HIV prevention for out-of-school young people	Don't agree
HIV prevention in the workplace	Don't agree
Other: please specify	Agree

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183)

**Part B, Section III: PREVENTION**

**Question 1.1 (continued)**

**Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?**

8 (8)

184)

**Since 2007, what have been key achievements in this area:**

Access to funding in 2009 Activities were conducted but under limited conditions,support,provision of services National Workplace Policy Increase awareness of HIV in communities and schools.

185)

**What are remaining challenges in this area:**

Lack of sustainability nor ongoing and consistent.

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186)

#### Part B, Section IV: TREATMENT, CARE AND SUPPORT

**1. Has the country identified the specific needs for HIV treatment, care and support services?**

Yes (0)

### Page 115

187)

#### Part B, Section IV: TREATMENT, CARE AND SUPPORT

##### Question 1 (continued)

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

Consultants and assessment conducted by the THACCS-2009

188)

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

	The majority of people in need have access
<b>HIV treatment, care and support service</b>	
Antiretroviral therapy	Agree
Nutritional care	Don't agree
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Don't agree
Home-based care	Don't agree
Palliative care and treatment of common HIV-related infections	Don't agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	Agree
TB infection control in HIV treatment and care facilities	Agree
Cotrimoxazole prophylaxis in HIV-infected people	Don't agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Don't agree
HIV treatment services in the workplace or treatment referral systems through the workplace	Don't agree
HIV care and support in the workplace (including alternative working arrangements)	

Other: please specify

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189)

**Part B, Section IV: TREATMENT, CARE AND SUPPORT****Question 1.1 (continued)**

**Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?**

7 (7)

190)

**Since 2007, what have been key achievements in this area:**

Success in relation to medication, increase in facilities and staff

191)

**What are remaining challenges in this area:**

There is a need for expansion of treatment sites, access and home based care. No psychosocial support for PLHIV and families and limited support through the workplace.

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192)

**Part B, Section IV: TREATMENT, CARE AND SUPPORT**

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

No (0)