

Trinidad and Tobago Report NCPI

NCPI Header

is indicator/topic relevant?: Yes

is data available?: Yes

Data measurement tool / source: NCPI

Other measurement tool / source:

From date: 02/27/2014

To date: 03/19/2014

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: Dr Samantha John

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Describe the process used for NCPI data gathering and validation: Government section was completed by Ministry representatives according to areas outlined for which meetings were convened to gain consensus on relevant areas A consultation was held for civil society that was facilitated by UNAIDS. 20 organizations were represented. The participants were taken through the tool before being divided into groups to discuss and document their responses to the questions in the tool. Each group presented to the plenary followed by discussions to reach consensus on the responses. Additional recommendations were given during the discussions and these were noted for further action in the next steps. Both government and civil society sections were to be submitted to Officer in Charge for review and submission.

Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions: Persons were to provide rationale for their responses for which a vote was taken. Discussions were held to arrive at a general consensus

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

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

Organization	Names/Positions	Respondents to Part A
Ministry of Health	Dr Beverly Andrews	A1,A2
Ministry of Health	Dr Ayanna Sebro	A1,A5
Ministry of Labour and Small and Micro Enterprises	Ms Tania Parrott	A3
Ministry of the Attorney General	Mr Robin Reilly	A3
Ministry of National Security	Lt Colonel Anthony WhiteHall	A4
Ministry of Tourism	Ms Christine Greenidge	A4
Ministry of Health	Ms Annmarie Libert DeFour	A4
Ministry of Health	Mr Akenath Misir	A5
Ministry of Health	Dr Brian Armour	A5
Ministry of Health	Dr Samantha John	A6
Ministry of Health	Ms Roanna Bynoe	A6

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

Organization	Names/Positions	Respondents to Part B
CAISO (Coalition Advocating for Inclusion of Sexual Orientation)	Mr Colin Robinson	B4,B5
Community Action Resource (CARE)	Mr David Soomarie	B1,B2
Cyril Ross Society	Ms Claudia St Bernard	B4,B5
Global Coalition of Youth in HIV/AIDS	Mr Ian Royer	B1,B2
Hindu Women's Organization	Ms Renuka Sitram	B3
Inter-Religious Organization (IRO)	Mr Harrypersad Maharaj	B4,B5
Islamic Support Committee	Ms Crystal De Four	B3
Mothers 2 Mothers	Ms Susanna Williams -Baptiste	B1,B2
PSI (Population Services International) Caribbean	Ms. Ava Rampersad	B3
RED Initiatives	Mr Oleo Lokai	
SConcepts	Ms Tyker Phillip	B3
South AIDS Support (SAS)	Mr Terrence Beepath	B3
The Anglican Church in the Diocese of Trinidad and Tobago	Ms Sharon Motley	B1,B2
The Caribbean HIV/AIDS Alliance (CHAA)	Ms Audrey Christophe	B3
Toco Foundation	Mr Kevon Agostini	B1,B2
Trinidad and Tobago Red Cross Society	Ms Akeisha Benjamin	B3
Trinidad Muslim League	Mr Noble Khan	B4,B5
Vision on Mission	Mr Gordon Husbands	B1,B2
Women Advocating for Change	Mr Ansil Henry; Ms Natasha Ali	B4,B5
YMCA (Young Men's Christian Association)	Mr Paul Phillips	B4,B5
	Michelle Timothy	B3

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: 2013-2018

IF YES, briefly describe key developments/modifications between the current national strategy and the prior one. IF NO or NOT APPLICABLE, briefly explain why.: expanded key population groups Included a goal related to the elimination of HIV and AIDS and related stigma and discrimination reduced number of members on current national coordinating agency

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?:

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: No

Health:

Included in Strategy: Yes

Earmarked Budget: Yes

Labour:

Included in Strategy: Yes

Earmarked Budget: No

Military/Police:

Included in Strategy: Yes

Earmarked Budget: Yes

Social Welfare:

Included in Strategy: Yes

Earmarked Budget: Yes

Transportation:

Included in Strategy: No

Earmarked Budget: No

Women:

Included in Strategy: Yes

Earmarked Budget: Yes

Young People:

Included in Strategy: Yes

Earmarked Budget: Yes

Other:

Included in Strategy: No

Earmarked Budget: No

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?: There is a national budget to facilitate the implementation of national HIV- specific activities where agencies have no HIV related budget

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: No

Orphans and other vulnerable children: Yes

People with disabilities: No

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: No

Orphans and other vulnerable children: Yes

People with disabilities: No

People who inject drugs: No

Prison inmates: Yes

Sex workers: Yes

Transgender people: Yes

Women and girls: Yes

Young women/young men: Yes

Other specific key populations/vulnerable subpopulations [write in]: substance abusers

: 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?: Active involvement

IF ACTIVE INVOLVEMENT, briefly explain how this was organised.: There were several public consultations on the NSP and the views and comments of the civil society were incorporated in to the revision and finalization of the NSP. Civil Society are also key stakeholders and implementers in the strategy.

IF NO or MODERATE INVOLVEMENT, briefly explain why this was the case.:

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, all partners

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

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: N/A

Sector-wide approach:

Other [write in]:

:

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

HIV-RELATED AREA INCLUDED IN PLAN(S):

Elimination of punitive laws: Yes

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: Yes

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 evaluation informed resource allocation decisions?: 3

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:

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: Many

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

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

e) ART and Tuberculosis: Few

f) ART and general outpatient care: None

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?: 8

Since 2011, what have been key achievements in this area: In 2010 the life of the national coordinating committee came to an end as it was tied to World Bank Funding. In 2013, the Interim HIV Agency was formed and established that was Cabinet approved. The national strategic plan was finalized and launched in 2013.

What challenges remain in this area: Change management issues: change from the national AIDS Coordinating unit to establishment of Interim HIV Agency in 2013 and the Interim HIV Agency being transferred from Office of the Prime Minister to the Ministry of Health in September 2013. Need for greater commitment and involvement of the private sector.

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: No

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:

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?: No

Have active government leadership and participation?: Yes

Have an official chair person?: Yes

IF YES, what is his/her name and position title?:

Have a defined membership?: No

IF YES, how many members?:

Include civil society representatives?: Yes

IF YES, how many?:

Include people living with HIV?: Yes

IF YES, how many?:

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

IF YES, briefly describe the main achievements:: The Interim HIV Agency comprises civil society community based, faith based and PLHIV. The Agency meets monthly and provides an interactive forum for collaboration discussion and dissemination of information

What challenges remain in this area:: Limited capacity to implement programmes Limited capacity of NGOs to offer services Changes in ministerial responsibility for national HIV/AIDS co-ordination

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

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: Yes

Technical guidance: Yes

Other [write in]:

: No

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

6.1. IF YES, were policies and laws amended to be consistent with the National HIV Control policies?: No

IF YES, name and describe how the policies / laws were amended: The policies and laws are being reviewed by the national coordinating agency

Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies::

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?: 6

Since 2011, what have been key achievements in this area::

What challenges remain in this area:: Change management

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]:

: 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 content of the/laws:: Trinidad and Tobago Constitution of 1976, acknowledges the "equal and inalienable rights" of all citizens, and the "recognition and protection of their fundamental human rights and freedoms... without discrimination by reason of race, origin, colour, religion or sex."The constitution would apply to all public institutions. Equal Opportunities Act - prohibits discrimination on the basis of sex, race, ethnicity, religion, origin, marital status or disability (covers both state and private entities).

Briefly explain what mechanisms are in place to ensure these laws are implemented:: Establishment of the Equal Opportunities Commission to investigate matters of discrimination. The establishment of the Equal Opportunities Tribunal to adjudicate on matters not settled by the commission. Constitution - provides citizens of Trinidad and Tobago with the power to bring legal action against anyone one or public institution in breach of their constitutional or human rights. Persons can use the judicial system to bring cases of abuse etc. Persons affected under the Equal Opportunities Act can access its services at the head office or seek general advice via electronic mechanisms (phone/website)

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: Yes

Elderly persons: No

Men who have sex with men: Yes

Migrants/mobile populations: Yes

Orphans and other vulnerable children: Yes

People with disabilities: No

People who inject drugs: Yes

Prison inmates: Yes

Sex workers: Yes

Transgender people: Yes

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable populations [write in]:

: No

Briefly describe the content of these laws, regulations or policies:: lack of policies such as national gender policy, national HIV/AIDS policy Immigration Act Equal Opportunity Act excludes PLHIV, sexual orientation A child under the age 18 is unable to access sexual and reproductive health services (and HIV testing) without the consent of a guardian. Although drug injecting is not customary and prevalent in Trinidad and Tobago, use of narcotics such as heroin, marijuana is illegal

Briefly comment on how they pose barriers:: • The criminalization of homosexual conduct exacerbates discrimination towards men who have sex with men (MSM) that include those prison inmates who engage in this activity. MSM living with HIV face double discrimination which diminishes their access to HIV services. (NACC Legislative Assessment 2009). Criminalization would also deter MSM from seeking HIV related services and testing. • The exclusion of sexual orientation in the Equal Opportunities Act as a prohibited ground of discrimination. This means that the human rights of the LGBT community are not protected by law. • PLHIV: Due to the exclusion of HIV as a prohibited form of discrimination in the EOA, PLHIV face difficulties finding avenues to make complaints and get redress for discrimination in employment, housing, healthcare and other social spheres. • Sex workers: Sex work is illegal in Trinidad and Tobago which poses barriers for sex workers to access the public health system and safe sex commodities, information and impedes interventions • Women and girls: Lack of a gender policy that addresses gender equality and domestic violence make females more vulnerable to HIV. • Young women/men and vulnerable children: A child under the age 18 is unable to access sexual and reproductive health services (and HIV testing) without the consent of a guardian. . Migrants (including those with disability)- Immigration Act

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: No

Know your HIV status: Yes

Males to get circumcised under medical supervision: No

Prevent mother-to-child transmission of HIV: Yes

Promote greater equality between men and women: Yes

Reduce the number of sexual partners: Yes

Use clean needles and syringes: No

Use condoms consistently: Yes

Other [write in]: Substance abuse (drug, alcohol)

: No

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

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

2.1. Is HIV education part of the curriculum in:

Primary schools?: Yes

Secondary schools?: Yes

Teacher training?: Yes

2.2. Does the strategy include

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 communication and other preventive health interventions for key or other vulnerable sub-populations?: Yes

Briefly describe the content of this policy or strategy:: identified in current national strategic plan and operational plan

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

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

Customers of sex workers:

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

Other populations [write in]: Uniformed services

: 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

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?: 7

Since 2011, what have been key achievements in this area:: prevention of Mother to Child Transmission (PMTCT)
Post-exposure prophylaxis (PEP) testing and counselling treatment and care support and expansion of sites HIV and AIDS
Workplace policies

What challenges remain in this area:: Implementation of Health and Family Life Education (HFLE) Programmes for youth

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

IF YES, how were these specific needs determined?: Surveys esp for key populations

IF YES, what are these specific needs? : identified in question 1 and question 3.1 and in national strategic plan

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: Disagree

Harm reduction for people who inject drugs: N/A

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

HIV prevention in the workplace: Agree

HIV testing and counseling: Strongly agree

IEC on risk reduction: Strongly agree

IEC on stigma and discrimination reduction: Strongly 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: Strongly disagree

Risk reduction for men who have sex with men: Agree

Risk reduction for sex workers: Agree

Reduction of gender based violence:

School-based HIV education for young people: Agree

Treatment as prevention: Strongly agree

Universal precautions in health care settings: Strongly agree

Other [write in]: Appointment of HIV Coordinators in Government Ministries

:

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?: 8

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:: Free anti-retroviral medication, multiple government treatment sites, support of laboratory network for diagnostic and support services, pharmacy, social work and support services exist. Good care programme for those with high DC4 count. Strengthening of the national M&E community based surveillance and programme monitoring.

Briefly identify how HIV treatment, care and support services are being scaled-up?: Increased intake of new clients, review and addition of ARVs to formulary, additional medical staff expansion from peer support programme. Training of medical staff through a diploma course at University of the West Indies.

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: Agree

Early infant diagnosis: Strongly agree

Economic support: Strongly agree

Family based care and support: Agree

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

HIV testing and counselling for people with TB: Strongly agree

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

Nutritional care: Strongly 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 agree

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

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

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

Sexually transmitted infection management: Agree

TB infection control in HIV treatment and care facilities: Agree

TB preventive therapy for people living with HIV: Agree

TB screening for people living with HIV: Agree

Treatment of common HIV-related infections: Agree

Other [write in]::

:

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

Please clarify which social and economic support is provided: There is a general programme for social and economic support that include counseling and social welfare grants managed by the Ministry of the People and Social Development. No special programme for PLHIV. HIV is not currently used as a eligibility criteria for support. Request amalgamated with other requests

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

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

IF YES, for which commodities?: Access to Clinton Foundation Consortium. Agreement for ARV's. Access to UN Agencies for supply of condoms such as UNFPA and the PAHO Strategic Fund that supplies at a reduced rate.

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?: 8

Since 2011, what have been key achievements in this area?: Addition of 3rd line ARV's. A treatment and care site in Tobago. Peer support programme. Expansion of viral load national services. Removal of Older ARV's from formulary e.g D4T, DD1

What challenges remain in this area?: Integration into primary care Decentralisation of services and development of public-private partnerships. Increase economic and social support for PLHIV. Expansion of prevention programme for PLHIV. Cost of ARV's given recommended treatment guidelines and attracting sufficient medical personnel

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?: 8

Since 2011, what have been key achievements in this area:: Maintaining care at dedicated residential orphanage and increased partnership with government to offer support services

What challenges remain in this area:: Adolescent PLHIV transitioning to adulthood. Psychosocial support for sexual health needs of this cohort. Leadership and coordination.

A.VI Monitoring and evaluation

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

Briefly describe any challenges in development or implementation:: limited staff and concurrent commitments

1.1. IF YES, years covered:

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

Briefly describe what the issues are::

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: Yes

HIV surveillance: Yes

Routine programme monitoring: Yes

A data analysis strategy: Yes

A data dissemination and use strategy: Yes

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

Guidelines on tools for data collection: Yes

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

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

4. Is there a functional national M&E Unit?: No

Briefly describe any obstacles:: current approved structure includes one M&E officer, bureaucratic process in revising approved structure, high demand for M&E skill set

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

In the Ministry of Health?: No

In the National HIV Commission (or equivalent)?: No

Elsewhere?: No

If elsewhere, please specify: January to September : Office of the Prime Minister ; September to Present: Ministry of Health

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?
Programme Officer- Monitoring and Evaluation	Full-time	January 2013

POSITION [write in position titles]	Fulltime or Part-time?	Since when?
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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:: Is a work in progress but currently all HIV/AIDS related reports are to be submitted to the Coordinating Agency's Secretariat. The HIV/AIDS Coordinating Unit of the Ministry of Health(HACU) is responsible for coordinating and collecting HIV- health data and reports from (counseling, testing, treatment and care) sites,after which HACU should compile and submit data and reports to the Coordinating Agency's Secretariat.

What are the major challenges in this area:: Currently there is no standardized format/template for reporting on the national M&E system; but a draft reporting format have been developed and after review and finalization should be implemented shortly. In the initial phase of strengthening the M&E system that is very weak.

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

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: Yes

IF YES, at what level(s)?: at county/regional health authority level

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

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?: Coverage is monitored by sex for counseling and testing but not for treatment and care

Briefly explain how this information is used:: The Information on sex for counseling and testing indicates the number of persons reached, where males have a lower rate of testing and are diagnosed at a later stage than females. This aids in developing strategies aimed at encouraging males to get tested.

(c) Is coverage monitored by geographical area?: Yes

IF YES, at which geographical levels (provincial, district, other)?: Region- Regional Health Authority

Briefly explain how this information is used:: to improve service provision and delivery in term of availability and accessibility of services in the Regions

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

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]: Advocacy

: Yes

Briefly provide specific examples of how M&E data are used, and the main challenges, if any:: Programme Planning, Improvement of existing services and the introduction of new services Challenges: timeliness of data, completeness of data submitted, representativeness of data from relevant sources, lack of coordination in sites at

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

At national level?: Yes

IF YES, what was the number trained:: 25

At subnational level?: Yes

IF YES, what was the number trained:

At service delivery level including civil society?: Yes

IF YES, how many?:

10.1. Were other M&E capacity-building activities conducted other than training?: Yes

IF YES, describe what types of activities: Technical and training needs assessment Mentoring of service delivery focal points

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?: 5

Since 2011, what have been key achievements in this area:: Establishment of Interim HIV Agency and Secretariat and recruitment of monitoring and evaluation officer in 2013 finalization and approval of national strategic plan in 2013 development of M&E Plan in 2013 training and technical needs assessment reformatted PMTCT tool for cohort register in 2013 Implementation of case base surveillance in 2nd quarter of 2013 development and implementation of HIV Clinic Summary Card for counseling and testing to aid sites for cohort and cross-sectional reporting in 2013

What challenges remain in this area:: establishment of a M&E unit limited staff

B.I Civil Society involvement

1. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?: 2

Comments and examples:: The Country Coordination Mechanism (CCM) and Government Systems are not conducive to Civil Society making contributions in a meaningful way especially after the dissolution of the National Aids Coordinating Committee (NACC) in 2010. More cohesion is needed by Civil Society (CSO) to make meaningful contributions with a unified voice baring limiting factors such as funding and political affiliations.

2. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?: 0

Comments and examples:: Post 2010, there has been instability of the Country Coordination Mechanism, leaving Civil Society (CS) with no real involvement on planning and budgeting.

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?: 1

b. The national HIV budget?: 1

c. The national HIV reports?: 0

Comments and examples:: The NSP was developed using a top down approach Government to CSOs rather than a grassroots approach - CSOs to Government. It should be noted that the government has a treatment heavy approach so more allocation of resources needs to be met for CSOs who engage in most of the prevention, care and support work. There is a clear needed to engage CSOs in data collection and reporting especially members who work with Key Populations (KPs).

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?: 1

c. Participate in using data for decision-making?: 0

Comments and examples: While more invitations were sent to CS members, there was a lack of participations for several reasons; mostly however CSOs felt that their inputs were not having impact on the M&E Plan. More inclusion is needed either with more CSO members on committees and working groups or with a functional Civil Society Forum being developed to give better representation especially from Key Populations. More research and sharing must be done using CSO for data gathering and capacity building is needed for the CSOs on how to interpret and use the data given in reports.

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)?: 3

Comments and examples: • Due to the CCM being heavily influenced politically NACC was dissolved post 2010; This affected the diversity of representation from Civil Society (CS) especially with Key Affected Population (KAPS) which dwindled significantly. • Communication among CSOs is lacking and this has resulted in the issues of Key Populations not being addressed. This need to be fostered better, especially in identifying groups within CSOs that can lead to diversity. • There is a need for a National Forum to be held with all CSOs to showcase the work being done and to create a solid movement and voice when dealing with the Interim HIV Agency.

6. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society able to access:

a. Adequate financial support to implement its HIV activities?: 1

b. Adequate technical support to implement its HIV activities?: 2

Comments and examples: • Funding seems to be very inadequate; there is a need for realistic activities and programs to be funded guided by National Strategic Plan (NSP) objectives with Civil Society Organisations (CSO) that show transparency, accountability and have a proven track record to achieve goals. • Technical support is available but not offered based on qualitative needs and risk assessments.

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: 51-75%

Men who have sex with men: >75%

People who inject drugs: <25%

Sex workers: >75%

Transgender people: >75%

Palliative care : >75%

Testing and Counselling: <25%

Know your Rights/ Legal services: <25%

Reduction of Stigma and Discrimination: >75%

Clinical services (ART/OI): 51-75%

Home-based care: 51-75%

Programmes for OVC: >75%

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?: 3

Since 2011, what have been key achievements in this area?: • CSOs were assessed on the indicators of Policy, Funding, Monitoring and Evaluation (M&E) and Programs.

What challenges remain in this area?: • The CCM lost momentum when the Minister of State was moved as well as the CCM moving to a new ministry. This resulted in the fragmentation of CSOs due to weak coordination and support from the IHA. The IHA has not been effective in coordinating the national response. • The Interim HIV Agency needs more CSO representation and autonomy in order to be truly effective. • There is a lack of a unified and coordinated communication strategy due to the fragmentation of CSOs. • CSOs are not given the due recognition respect and funding due for the value of work contributed towards the NSP.

B.II Political support and leadership

1. Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?: No

IF YES, describe some examples of when and how this has happened::

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: No

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]: Elderly

: 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 policies, not in law or legislation that impact on employment, education, public accommodation, goods and services, sex, marital status, ethnicity, disability and victimisation of allegations. There is also the Equal opportunity Act which protects against discrimination on: • Race • colour • sex • Origin • Ethnicity • Religion

Briefly explain what mechanisms are in place to ensure that these laws are implemented: The laws are implemented at a low degree. Some recommendation given were: • Teaching staff sign language in order to communicate with deaf children living with HIV. • EOC in San Fernando, Port of Spain and Scarborough is understaffed. Doesn't have bipartisan support. • Coordination role lies with the Government Ministries.

Briefly comment on the degree to which they are currently implemented: The laws are implemented at a low degree. Some recommendation given were: • Teaching staff sign language in order to communicate with deaf children living with HIV. • EOC in San Fernando, Port of Spain and Scarborough is understaffed. Doesn't have bipartisan support. • Coordination role lies with the Government Ministries.

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: 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: Yes

Prison inmates: No

Sex workers: Yes

Transgender people: Yes

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable populations [write in]: Elderly Intersex Groups,

: Yes

Briefly describe the content of these laws, regulations or policies: • The Hindu and Orisha Act allow children under the age of 18 to get marry. • Sexual Offence Act, • Children Act criminalizes minors of the same sex engaging in sexual intercourse. This is a harsher penalty than minors who are of the opposite sex. • The EOC excludes sexual orientation. • The Immigration Act: targets Disabled, homosexuals. • Buggery laws • No recognition of gender ID, intersex. • Section 16 of Sexual Offences Act • No sexual education or support for young people that enter early sexual debut

Briefly comment on how they pose barriers: • Hindu and Orisha Act – Children are a vulnerable group. As such, by allowing children to marry at an early age it predisposes them to contracting HIV. • The Sexual Offence Act discriminates against minors who are homosexual • Approach to crime is not preventative. • No policies on restorative justice. • No sex education policies.

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.: • Marriage Act: It criminalizes rape in marriage. • Domestic Violence Act: This Act protects heterosexual couples as oppose to homosexual ones. Thus, it protects couples via the order of protection which is only valid for 3 years. Not for PLHIV. It is a weak law and excludes WSW • No gender policy. • Example of Anthony Atwell • Some people are not aware of laws and their rights.

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: • Human rights are mentioned in HIV policy in the attempt on preventing mother-to-child transmission (PMTCT) by focusing on testing pregnant women for HIV. • Domestic Violence Act, specifies that it is only for those that are heterosexual.

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:

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: Yes

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

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: No

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

Provided, but only at a cost: No

If applicable, which populations have been identified as priority, and for which services?: • HIV related care and support interventions are available for all except migrants. • The priority group that is affected is migrants. • Not all diagnostic tests are free • Structural barriers and maternity care is not covered. • Especially those requiring second line. • St. Kitts and Nevis and Anguilla cannot access viral loads so they come to Trinidad

7. Does the country have a policy or strategy to ensure equal access for women and men to HIV prevention, treatment, care and support?: No

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

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

IF YES, Briefly describe the content of this policy/strategy and the populations included:: The UNAIDS strategy for 2011-2015 includes zero new infections, zero AIDS- related deaths and zero discrimination and has been adopted in the NSP. Some of the populations included were sex workers, MSM, women and children.

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?: No

IF YES, briefly explain the different types of approaches to ensure equal access for different populations::

9. Does the country have a policy or law prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?: No

IF YES, briefly describe the content of the policy or law::

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

a. Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work: No

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

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

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

a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)?: No

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: No

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]::

: No

14. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2013?: 2

Since 2011, what have been key achievements in this area::

What challenges remain in this area:: 1. Dismantling NACC was a step backwards. 2. The Human Rights desk is non-existent. 3. Barriers to legal advocacy. No NHRI.

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?: 2

Since 2011, what have been key achievements in this area:: The Constitutional review which is ongoing.

What challenges remain in this area:: • The Human Rights desk is a non- entity. • The future for CSOs that support vulnerable children is dismal without funding . • Greater involvement of PLHIV in the national response

B.IV Prevention

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

IF YES, how were these specific needs determined?: These specific needs were determined by: 1. NSP (National Strategic Planning) which is the largest stakeholder. 2. There is also participation of the NGOs.

IF YES, what are these specific needs? : The specific needs are policy management, leadership and a better variety of medicine that is branded medicine should be available, not just generic.

1.1 To what extent has HIV prevention been implemented?

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

Blood safety: Agree

Condom promotion: Disagree

Harm reduction for people who inject drugs: N/A

HIV prevention for out-of-school young people: Strongly disagree

HIV prevention in the workplace: Disagree

HIV testing and counseling: Disagree

IEC on risk reduction: Strongly disagree

IEC on stigma and discrimination reduction: Strongly disagree

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

Prevention for people living with HIV: Strongly disagree

Reproductive health services including sexually transmitted infections prevention and treatment: Strongly disagree

Risk reduction for intimate partners of key populations: Strongly disagree

Risk reduction for men who have sex with men: Strongly disagree

Risk reduction for sex workers: Strongly disagree

School-based HIV education for young people: Strongly disagree

Universal precautions in health care settings: Disagree

Other [write in]:

:

2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV prevention programmes in 2013?: 3

Since 2011, what have been key achievements in this area?: 1. Re-instatement of HIV coordinators in Ministries. 2. Healthcare caravans organized by the Ministry of Health. 3. National Strategic Planning 4. Policy and legislation in place to support interventions 5. Peer Support Programme 6. The work of NASTAD (National Alliance of State and Territorial AIDS Directors) 7. The work of HASC (National HIV/AIDS Advocacy and Sustainability Centre).

What challenges remain in this area?: 1. A heavy bureaucratic system. 2. Limited funding. 3. Lack of priority/key populations. 4. Lack of collaboration and communication between key stakeholders 5. Inclusion of Tobago is poor resulting in weak communication/coordination between Tobago House of Assembly and THAC. 6. Data collection and research. 7. Government policies and legislation (coordinators) 8. Culture

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?: No

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

Briefly identify how HIV treatment, care and support services are being scaled-up?: 1. The number of treatment sites has increased. 2. There is peer support group training. The question of the effectiveness of the training still remains

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: Agree

ART for TB patients: Disagree

Cotrimoxazole prophylaxis in people living with HIV: Disagree

Early infant diagnosis: Strongly agree

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

HIV testing and counselling for people with TB: Disagree

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

Nutritional care: Strongly disagree

Paediatric AIDS treatment: Agree

Post-delivery ART provision to women: Agree

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

Post-exposure prophylaxis for occupational exposures to HIV: Agree

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

Sexually transmitted infection management: Disagree

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

TB preventive therapy for people living with HIV: Strongly disagree

TB screening for people living with HIV: Strongly disagree

Treatment of common HIV-related infections: Agree

Other [write in]:

:

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

Since 2011, what have been key achievements in this area: • Increased number of treatment sites. • Services are free at government facilities but one requires an ID • Continued funding for purchases of drugs. • Included NGOs at treatment and testing sites.

What challenges remain in this area: • Availability and also the quality of the medication. • Nutritional care is not easily accessible. • Persons being tested still fear the breach of their confidentiality. • Limited psychosocial support and peer support. • Lack of infrastructure.

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?: No

2.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?: No

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

Since 2011, what have been key achievements in this area:

What challenges remain in this area: