

Survey Response Details

Response Information

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Response Details

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1) Country

Barbados (0)

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

Nicole Drakes

3) Postal address:

2nd Floor East, Warrens Office Complex, Warrens, St. Michael BB12001, Barbados

4) Telephone:

Please include country code

246-310-1007

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Please include country code

246-421-8499

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ndrakes@hiv-aids.gov.bb

7) Date of submission:

Please enter in DD/MM/YYYY format

18/03/2010

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

Part A - direct interviews with respondents and collection of completed questionnaires. 10 completed questionnaires. Part B - stakeholder consultation to discuss purpose of NCPI, complete questionnaire and address concerns. 12 persons completed questionnaires.

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

No disagreements.

10)

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

Segments of questionnaire seemed irrelevant to respondents. Questionnaire lengthy and tedious to complete. Required substantial amounts of information to complete questionnaire and was felt by respondents that this was beyond their purview.

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11)

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 HIV/AIDS Commission	Mrs. Jacqueline Wiltshire Gay, Director	A.I, A.II, A.III, A.V

12)

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 2	National HIV/AIDS Commission	Miss Nicole Drakes, Assistant Director	A.I, A.II, A.III, A.IV, A.V
Respondent 3	National HIV/AIDS Commission	Ms. Alexis Nurse, Behaviour Change Communication Specialist	A.I, A.II, A.III, A.IV, A.V
Respondent 4	Ministry of Social Care, Constituency Empowerment, Urban and Rural Development	Mrs. Veronica Belle, HIV Coordinator	A.I, A.II, A.III, A.IV, A.V
Respondent 5	Ministry of Education and Human Resource Development	Mr. Hughson Inniss, HIV Coordinator	A.I, A.II, A.III, A.IV, A.V
Respondent 6	Ministry of Tourism	Miss Madge Dalrymple, HIV Coordinator	A.I, A.II, A.III, A.IV, A.V
Respondent 7	Ministry of Housing and Lands	Miss Francia Best, HIV Coordinator	A.I, A.II, A.III, A.IV, A.V
Respondent 8	Ministry of Labour and Immigration	Ms. Rhonda Boucher, Project Coordinator	A.I, A.II, A.III, A.IV, A.V
Respondent 9	International Transport Division, Ministry of International Business and International Transport	Ms. Angela Brandon-Hall, Senior Research Officer	A.I, A.II, A.III, A.IV, A.V
Respondent 10	Ministry of Health	Dr. Dale Babb, Clinical Medical Officer	
Respondent 11			
Respondent			

- 12 Respondent
- 13 Respondent
- 14 Respondent
- 15 Respondent
- 16 Respondent
- 17 Respondent
- 18 Respondent
- 19 Respondent
- 20 Respondent
- 21 Respondent
- 22 Respondent
- 23 Respondent
- 24 Respondent
- 25 Respondent

13)

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	Barbados Evangelical Association	Dr. Nigel Taylor, President	B.I, B.II, B.III, B.IV

14)

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 2	St. John HIV/AIDS Committee	Mr. Richard Harris, Chairman	
Respondent 3	CARE Barbados	Mrs. Patricia Phillips, Programme Coordinator	B.I, B. II, B. III, B. IV
Respondent 4	CARE Barbados	Miss Ingrid Hope, President	B.I, B.II, B.III, B.IV
Respondent 5	Family CARE Support Group	Ms. Judy Archer, President	
Respondent 6	AIDS Care Education and Training	Ms. Lorna Harris, President	B.I, B.II, B.III
Respondent			

Respondent 7	AIDS Society of Barbados	Ms. Merlene Blackett	B.I, B. II, B. III, B. IV
Respondent 8	United Gays and Lesbians Against AIDS Barbados	Ms. Patsy Grannum, Programme Coordinator	B.I, B.II, B.III, B.IV
Respondent 9	Family CARE Barbados	Ms. Sonia Arthur, Secretary	B.I, B. II, B. III, B. IV
Respondent 10	Barbados Evangelical Association	Reverend Erskine Branch	B.I, B.II, B.III, B.IV
Respondent 11	Barbados Evangelical Association	Reverend Patrick Drakes	B. I, B. II, B. III, B. IV
Respondent 12	Barbados Evangelical Association	Reverend Stephen Gittens, Gender Affairs Representative	B.I, B.II, B.III, B.IV
Respondent 13			
Respondent 14			
Respondent 15			
Respondent 16			
Respondent 17			
Respondent 18			
Respondent 19			
Respondent 20			
Respondent 21			
Respondent 22			
Respondent 23			
Respondent 24			
Respondent 25			

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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:**

2008-2013

17)

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

5

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	Yes	Yes
Military/Police	Yes	Yes
Women	Yes	Yes
Young people	Yes	Yes
Other*	Yes	Yes

Page 819) **Part A, Section I: STRATEGIC PLAN****Question 1.2 (continued)****If "Other" sectors are included, please specify:**

Tourism, Housing and Social Care including Persons with disabilities

Page 9

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*	Yes
Settings	
h. Workplace	Yes
i. Schools	Yes
j. Prisons	Yes
Cross-cutting issues	
k. HIV and poverty	Yes
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

2007

Page 11

23)

Part A, Section I: STRATEGIC PLAN**1.5 What are the identified target populations for HIV programmes in the country?**

Sex workers; men who have sex with men; single unemployed dependent women; drug users; youth; migrants; orphans and vulnerable children; persons living with HIV

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?

Active involvement (0)

Page 12

27)

Part A, Section I: STRATEGIC PLAN

Question 1.8 (continued)

IF active involvement, briefly explain how this was organised:

Through broad-based consultations with partners including civil society and private sector

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)

Page 14

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

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	Yes
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?

4 (4)

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)

Page 18

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	Yes
HIV testing and counselling	Yes
Sexually transmitted infection services	Yes
Antiretroviral treatment	Yes
Care and support	Yes
Other: Please specify	

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37)

Part A, Section I: STRATEGIC PLAN**Question 4.1 (continued)**

If HIV testing and counselling is provided to uniformed services, briefly describe the approach taken to HIV testing and counselling (e.g, indicate if HIV testing is voluntary or mandatory etc):

Voluntary testing - on or off base. Confidential.

38)

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

No (0)

Page 21

39)

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)

Page 22

40)

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	Yes
e. Sex Workers	Yes
f. Prison inmates	Yes
g. Migrants/mobile populations	Yes
Other: Please specify	

41)

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

Youth - legal age is 16 and legal majority is 18 MSM - anal sex is criminalised SW - prostitution illegal Drug users (all) - drugs use is illegal Inmates - condoms prohibited in prisons.

42)

Briefly comment on how they pose barriers:

Youth can consent to sex at 16 but must wait until age 18 to obtain medical services independent of their parents/guardians. Criminalisation of sex work and anal sex, drives MSM and SW underground making them hard-to-reach. Drug use is illegal e.g. marijuana, cocaine, heroin etc. Prisoners are not allowed condoms and are therefore at risk of contracting HIV/STI through unprotected sex.

Page 23

43)

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

44)

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

Yes (0)

45)

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

Yes (0)

Page 25

46)

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)

47)

7.4 Is HIV programme coverage being monitored?

Yes (0)

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48)

Part A, Section I: STRATEGIC PLAN**Question 7.4 (continued)**

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

Yes (0)

49)

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

No (0)

Page 2850) **Part A, Section I: STRATEGIC PLAN****Question 7.4 (continued)**

(c) Is coverage monitored by geographical area?

No (0)

Page 29

51)

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)

Page 30

52)

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

8 (8)

53)

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

Development and partner ratification of M&E Framework and Operational Plan 2008-2013
 Greater inter-agency collaboration between the Ministry of Health and the National HIV/AIDS Commission
 Adoption of multisectoral approach to working with MARPs

54)

What are remaining challenges in this area:

Strengthening civil society involvement Building M&E Capacity Funding Provision of adequate human resources Rapid turnover of HIV Focal Points in Ministries and departments Understanding the needs of MARPs

Page 31

55)

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	Yes
Other high officials	Yes
Other officials in regions and/or districts	Yes

56)

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

57)

2.1 IF YES, when was it created?

Please enter the year in yyyy format

2001

58)

2.2 IF YES, who is the Chair?

Name	Dr. Carol Jacobs
Position/title	Chairman

59)

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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60)

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

19

61)

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

5

62)

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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63)

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

64)

Part A, Section II: POLITICAL SUPPORT

Question 3 (continued)

IF YES, briefly describe the main achievements:

Monthly HIV Coordinators' Meetings from government, private sector and civil society resulting in programme development, resource optimisation, partnership formation and strengthening

65)

Briefly describe the main challenges:

Access to funding Programme territoriality Poor programme reporting Programming developed based on planner preferences or beliefs instead of target group.

66)

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

Please enter the rounded percentage (0-100)

2

67)

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	Yes
Coordination with other implementing partners	Yes
Capacity-building	Yes
Other:Funding through subventions to groups and financial contributions based on programme merit.	Yes

68)

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

Yes (0)

Page 36

69)

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

70)

Part A, Section II: POLITICAL SUPPORT

Question 6.1 (continued)

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

6 (6)

Page 39

71)

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)

Page 40

72)

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)
- j. Fight against violence against women (0)
- k. Greater acceptance and involvement of people living with HIV (0)
- l. Greater involvement of men in reproductive health programmes (0)
- n. Know your HIV status (0)
- o. Prevent mother-to-child transmission of HIV (0)

73)

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)

Page 41

74)

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)

75)

2.1 Is HIV education part of the curriculum in:

primary schools? Yes

secondary schools? Yes

teacher training? Yes

76)

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

Yes (0)

77)

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

Yes (0)

78)

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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79)

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

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80)

Part A, III. PREVENTION

Question 3.1 (continued)

Overall, how would you rate the policy efforts in support of HIV prevention in 2009?

5 (5)

81)

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

Drafted Prevention Plan targeting most at risk populations Revised PMTCT Policy Developed National Drug Policy

Page 45

82)

Part A, III. PREVENTION

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

Yes (0)

Page 46

83)

Part A, III. PREVENTION

Question 4 (continued)

IF YES, how were these specific needs determined?

Discussion, research and consultation

84)

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	Agree
IEC* on stigma and discrimination reduction	Agree
Condom promotion	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	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	Agree
HIV prevention for out-of-school young people	Agree
HIV prevention in the workplace	Agree
Other: please specify	

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85)

Part A, III. PREVENTION

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

6 (6)

86)

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

Initiated rollout of BCC Strategy and BCC projects Multisectoral Research Symposium held - created evidence base

87)

What are remaining challenges in this area:

Tendency by partners to implement and develop programmes based on belief rather than evidence
Behaviour change not corresponding to awareness

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88)

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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89)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1.1 IF YES, does it address barriers for women?

No (0)

90)

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

No (0)

91)

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

Yes (0)

Page 50

92)

Part A, Section IV: TREATMENT, CARE AND SUPPORT**Question 2 (continued)****IF YES, how were these determined?**

By utilising strategic information and surveillance data at sub-programme, programme and national level.

93)

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	Agree
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	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	N/A
TB infection control in HIV treatment and care facilities	Agree
Cotrimoxazole prophylaxis in HIV-infected people	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: please specify	N/A

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94)

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)

95)

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?

No (0)

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96)

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?

8 (8)

97)

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

1) Introduction of Provider Initiated Testing 2) Launch of PMTCT Policy 3) Development of HIV Testing Policy

98)

What are remaining challenges in this area:

1) Increasing access to and uptake of HIV Testing 2) Increasing adherence support and interventions and psychosocial support for PLHIV 3) Locating those PLHIV lost to follow up

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99)

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?

N/A (0)

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100)

Part A, Section V: MONITORING AND EVALUATION

1. Does the country have *one* national Monitoring and Evaluation (M&E) plan?

Yes (0)

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101)

1.1 IF YES, years covered:

Please enter the start year in yyyy format below

2008

102)

1.1 IF YES, years covered:
Please enter the end year in yyyy format below

2013

103)

1.2 IF YES, was the M&E plan endorsed by key partners in M&E?

Yes (0)

104)

1.3 IF YES, was the M&E plan developed in consultation with civil society, including people living with HIV?

Yes (0)

105)

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

Yes, but only some partners (0)

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106)

Part A, Section V: MONITORING AND EVALUATION

2. Does the national Monitoring and Evaluation plan include?

a data collection strategy	Yes
a well-defined standardised set of indicators	Yes
guidelines on tools for data collection	Yes
a strategy for assessing data quality (i.e., validity, reliability)	No
a data analysis strategy	No
a data dissemination and use strategy	Yes

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107)

Part A, Section V: MONITORING AND EVALUATION

Question 2 (continued)

If you check "YES" indicating the national M&E plan include a data collection strategy, then does this data collection strategy address:

routine programme monitoring	Yes
behavioural surveys	Yes
HIV surveillance	Yes
Evaluation / research studies	Yes

108)

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

Yes (0)

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109)

Part A, Section V: MONITORING AND EVALUATION**3.1 IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities?**

Please enter the rounded percentage (1-100). If the percentage is less than 1, please enter "1".

2

110)

3.2 IF YES, has full funding been secured?

Yes (0)

111)

3.3 IF YES, are M&E expenditures being monitored?

Yes (0)

Page 64

112)

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

Yes (0)

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113)

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

Yes (0)

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114)

5.1 IF YES, is the national M&E Unit based

in the National AIDS Commission (or equivalent)? Yes
 in the Ministry of Health?
 Elsewhere? (please specify)

115) Number of permanent staff:

Please enter an integer greater than or equal to 0

1

116) Number of temporary staff:

Please enter an integer greater than or equal to 0

0

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117)

Part A, Section V: MONITORING AND EVALUATION

Question 5.2 (continued)

Please describe the details of all the permanent staff:

	Position	Full time/Part time?	Since when? (please enter the year in yyyy format)
Permanent staff 1	Assistant Director	Full time	2006
Permanent staff 2			
Permanent staff 3			
Permanent staff 4			
Permanent staff 5			
Permanent staff 6			
Permanent staff 7			
Permanent staff 8			
Permanent staff 9			
Permanent staff 10			
Permanent staff 11			
Permanent staff 12			
Permanent staff 13			
Permanent staff 14			
Permanent staff 15			

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118)

Part A, Section V: MONITORING AND EVALUATION

5.3 IF YES, are there mechanisms in place to ensure that all major implementing partners submit their M&E data/reports to the M&E Unit for inclusion in the national

M&E system?

Yes (0)

Page 69**119) Part A, Section V: MONITORING AND EVALUATION****Question 5.3 (continued)****IF YES, briefly describe the data-sharing mechanisms:**

Progress Reports submitted by partners are compiled into a bi-annual report and disseminated. Data shared at HIV Coordinators' monthly meeting and other special meetings. Briefs, presentations and reports also disseminated to partners.

120)

What are the major challenges?

Getting partners to report consistently and in a timely manner Lack of understanding of basic M&E principles Absence of M&E culture

Page 70

121)

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)

122)

6.1 Does it include representation from civil society?

Yes (0)

Page 71**123) 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:**

Member of CARE Barbados. Role to provide input from PLHIV perspective.

124)

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

No (0)

Page 73

125)

7.3 Is there a functional* Health Information System?

At national level	Yes
At subnational level	

Page 74

126)

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

No (0)

127)

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

3 (3)

128)

Provide a specific example:

Guides HIV Programmes in Ministries of Health and Youth Used to develop M&E and BCC Training Plans

129)

What are the main challenges, if any?

Availability of data Getting partners to use available data

Page 75**130) Part A, Section V: MONITORING AND EVALUATION****9.2 To what extent are M&E data used for resource allocation?**

3 (3)

Page 76

131)

Part A, Section V: MONITORING AND EVALUATION

9.3 To what extent are M&E data used for programme improvement?:

4 (4)

132)

Provide a specific example:

To develop, implement and modify M&E Training Plan

Page 77**133) 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**134) 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)

at subnational level (0)

135)

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

At national level? Yes

At subnational level? Yes

At service delivery level including civil society?

Page 79**136) 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

38

137) Please enter the number of people trained at subnational level.

Please enter an integer greater than 0

94

Page 80

138)

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

Yes (0)

Page 81139) **Part A, Section V: MONITORING AND EVALUATION****Question 10.2 (continued)****IF YES, describe what types of activities:**

Updates at monthly coordinators' meeting Periodic retraining of partners in M&E

Page 82140) **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?**

7 (7)

141)

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

Development and approval of M&E Training Plan and Curriculum Development and ratification of M&E Framework and Operational Plan Training of partners in M&E Increase in number of partners submitting Progress Reports using approved format

142)

What are remaining challenges in this area:

Failure by some partners to report in a timely manner Lack of M&E culture Absence of M&E database Limited M&E skill sets

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143)

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

144)

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

No (0)

Page 86

145)

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

146)

Part B, Section I. HUMAN RIGHTS

3.1 IF YES, for which subpopulations?

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

147)

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

Laws that prevent condoms being placed in prisons Prostitution is illegal Homosexuality is not accepted in this society as normal

148)

Briefly comment on how they pose barriers:

Could drive persons underground rather than coming forward to be part of the solution

Page 88

149) Part B, Section I. HUMAN RIGHTS

4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?

No (0)

Page 89

150)

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?

No (0)

Page 90

151)

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

152)

Part B, Section I. HUMAN RIGHTS

Question 6 (continued)

IF YES, describe some examples:

Gay and lesbians associations have been embraced in national events and efforts at eliminating stigma and discrimination. People living with HIV are represented on the National HIV/AIDS Commission Board. MSM are represented at the HIV/AIDS Coordinators' meetings. There are instances where PLHIV have been incorporated in programmes

153)

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

154)

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:

Presentation at LRU; Free health care Distribution of condoms. These can be sourced at most polyclinics. There is also an ongoing educational programme. The foregoing embrace the prevention of contraction of the disease or any related sickness. Voluntary Counselling and Testing services by Ministry of Health. Ladymeade Reference Unit provides free treatment for all Barbadian nationals for treatment of all HIV related illnesses and other illnesses.

155)

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

Yes (0)

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156)

Part B, Section I. HUMAN RIGHTS

8.1 In particular, does the country have a policy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?

Yes (0)

157)

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?

Yes (0)

Page 94

158)

Part B, Section I. HUMAN RIGHTS**Question 9 (continued)**

IF YES, briefly describe the content of this policy:

Free health services are available for all nationals.

159)

9.1 IF YES, does this policy include different types of approaches to ensure equal access for different most-at-risk populations and/or other vulnerable sub-populations?

Yes (0)

Page 95

160)

Part B, Section I. HUMAN RIGHTS**Question 9.1 (continued)**

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

Treatment services; welfare assistance; food bank vouchers

161)

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

No (0)

162)

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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163)

– 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)

164)

– 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)

165)

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

No (0)

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166)

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)

167)

– **Legal aid systems for HIV casework**

No (0)

168)

– **Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV**

No (0)

169)

– **Programmes to educate, raise awareness among people living with HIV concerning their rights**

Yes (0)

170)

15. Are there programmes in place to reduce HIV-related stigma and discrimination?

Yes (0)

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171)

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: FBO; NHAC Billboards	Yes

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172)

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?

5 (5)

173)

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

No job discrimination; a sector acceptance of HIV/AIDS status; a collaborative effort to address HIV/AIDS

174)

What are remaining challenges in this area:

Stigma and discrimination upon learning of HIV+ status; greater acceptance of persons diagnosed with HIV

Page 102

175)

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?

4 (4)

176)

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

Country is more tolerant of persons living with HIV and AIDS

177)

What are remaining challenges in this area:

Legislation

Page 103

178)

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?

3 (3)

Page 104

179)

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)

Page 105

180)

a. the national AIDS strategy?

4 (4)

181)

b. the national AIDS budget?

4 (4)

182)

c. national AIDS reports?

3 (3)

Page 106

183)

a. developing the national M&E plan?

3 (3)

184)

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

3 (3)

185)

c. M&E efforts at local level?

3 (3)

Page 107**186) Part B, Section II. CIVIL SOCIETY PARTICIPATION**

5. To what extent is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. networks of people living with HIV, organizations of sex workers, faith-based organizations)?

3 (3)

Page 108

187)

a. adequate financial support to implement its HIV activities?

3 (3)

188)

b. adequate technical support to implement its HIV activities?

3 (3)

189)

Comments and examples:

The National AIDS Programme makes provisions for civil society to be assisted with some financing and technical support.

Page 109**190) 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	25-50%
Prevention for most-at-risk-populations	
- Injecting drug users	
- Men who have sex with men	25-50%
- Sex workers	<25%
Testing and Counselling	<25%
Reduction of Stigma and Discrimination	25-50%
Clinical services (ART/OI)*	
Home-based care	<25%
Programmes for OVC**	<25%

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191)

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)

192)

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

Civil society has been given the opportunity to increase capacity with assistance from National HIV/AIDS Commission - training in BCC & M&E. There is a coordinators meeting to bring together civil society and government to synchronise efforts. There is the food bank which was established and ran out of the QEH. Vouchers are given monthly for PLHIV in need of such services. There is also a welfare assistance of money and assistance with accommodation for PLHIV and their families.

193)

What are remaining challenges in this area:

Civil society need assistance in accessing funds to implement programme.

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194)

Part B, Section III: PREVENTION

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

Yes (0)

Page 112

195)

Part B, Section III: PREVENTION

Question 1 (continued)

IF YES, how were these specific needs determined?

Efforts of NHAC PMTCT of HIV Through consultation with civil society

196)

1.1 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	Agree
IEC* on stigma and discrimination reduction	Agree
Condom promotion	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	N/A
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	Agree
HIV prevention for out-of-school young people	Agree
HIV prevention in the workplace	Agree
Other: please specify	

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197)

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?

7 (7)

198)

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

Less children born with HIV Scaling up in HIV testing and more people coming forward to be tested

199)

What are remaining challenges in this area:

Reaching more persons in MARPs.

Page 114

200)

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

201)

1.1 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	Agree
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Agree
Home-based care	Don't 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	Agree
TB infection control in HIV treatment and care facilities	Agree
Cotrimoxazole prophylaxis in HIV-infected people	N/A
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: please specify	

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202)

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)

203)

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

The country through the NHAC has been very supportive on the implementation of HIV treatment etc.

Page 117

204)

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)