Survey Response Details

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1) **Country**

Saint Kitts and Nevis (0)

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

Gardenia Richardson

3) **E-mail:**

nachaskn@gmail.com

4) **Date of submission:**

Please enter in DD/MM/YYYY format

31/03/2010

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

A national consultation was conducted with stakeholders in March 2010 via a combination of self-administered online questionnaires, face to face and telephone interviews. The data was collated by the consultant facilitating the interviews. The mode was selected as the most representative average for determining the numerical ratings for each section. Data validation was conducted with relevant documents and stakeholders, and the ensuing data submitted to the national HIV/AIDS coordinator.

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

A draft NCPI document was compiled and sent to relevant stakeholders for review. Discussions were initiated by some stakeholders and an agreement made on different perspectives. The proposed adjustments were made to the draft document and a final document submitted to the technical coordinators for review.

7)

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

no concerns

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8)

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	Ministry of Health (MOH) St. Kitts, National Advisory Council on HIV/AIDS (NACHA)	Elvis Newton/Permanent Secretary, Vice Chairman	A.I, A.II, A.III, A.IV, A.V

9)

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 2	National AIDS Secretariat	Gardenia Destang-Richardson/Coordinator	A.I, A.II, A.III
Respondent 3	Nevis HIV/AIDS Coordinating Unit (NACU)	Nadine Carty-Caines/Coordinator	A.I, A.II, A.III, A.V
Respondent 4	NACHA, MOH St. Kitts	Kathleen Allen-Ferdinand/Chairman, Clinical Care Coordinator (CCC)	A.II, A.III, A.IV, A.V
Respondent 5	MOH, St. Kitts	Bichara Sahely/Internist	A.III, A.IV, A.V
Respondent 6	Community Health Services, St. Kitts	Hazel Williams-Roberts/Director	A.I, A.II, A.IV, A.V
Respondent 7	Health Information Unit, St.Kitts	William Turner/Epidemiologist	A.V
Respondent 8	NACU	Shenel Nisbett/Monitoring and Evaluation Officer	A.V
Respondent 9	NACU	Shana Howell/Surveillance Officer, Global Fund Finance Officer	A.V
Respondent 10	Health Information Unit, St. Kitts	Londya Lennon/Data Entry Clerk, Monitoring and Evaluation Officer	A.V
Respondent 11	Ministry of Education HIV/AIDS Committee	Ruby Thomas/Chairman	A.I, A.III
Respondent 12	Ministry of Youth	Diane Francis/Senior Youth Officer	A.I, A.III
Respondent 13	Department of Gender Affairs	Celia Christopher/head	A.III, A.IV
Respondent 14			
Respondent 15			
Respondent 16			
Respondent 17			

Respondent 18			
Respondent 19			
Respondent 20			
Respondent 21			
Respondent 22			
Respondent 23			
Respondent 24			
Respondent 25			

10)

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	Civil society organization	Juletta Fyfield/member	B.I, B.II, B.III, B.IV

11)

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 2	Ministry of Legal Affairs	Arud Gossai/Crown counsel	B.I
Respondent 3	Caribbean HIV/AIDS Alliance	Nadine Kassie/Programme officer for St Kitts	B.I, B.III, B.IV
Respondent 4	Civil society organization	Patricia Wilkes/member	B.II, B.IV
Respondent 5	St Kitts Christian Council	Rev Fr Isaiah Phillip/chairman	B.IV
Respondent 6			
Respondent 7			
Respondent 8			
Respondent 9			
Respondent 10			
Respondent 11			
Respondent 12			

Respondent 13
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Respondent 22
Respondent 23
Respondent 24
Respondent 25

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12)

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

Question 1 (continued)
Period covered:

2002-2013

14)

1.1 How long has the country had a multisectoral strategy?

Number of Years

9

15)

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	No
Labour	Yes	No
Transportation	No	No
Military/Police	Yes	No
Women	Yes	No
Young people	Yes	No
Other*		

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16)

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?

The sectors with no earmarked budget have had to rely heavily on external HIV funding eg UNESCO, World Bank,UNICEF and CARICOM. UNESCO funded the MoE 5-day Policy Development and Strategic Planning Workshop, CARICOM funded training for the youth and UNICEF provides resources for teachers. This process is sometimes facilitated by the National AIDS Secretariat(NAS), the executive arm of NACHA, which submit the proposals from different sectors to NACHA once they meet the eligibility criteria. The NAS also facilitates direct requests to international, regional annd local donors by other Ministries including the MInistry of Education. Local funding is also available through the Ministry of Health e.g. the Primary School HIV Jeopardy Quiz introduced by the Ministry of Youth and sponsored by the Ministry of Health.

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17)

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*	No

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

18)

1.4 Were target populations identified through a needs assessment?

Yes (0)

Page 10

19)

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

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20)

Part A, Section I: STRATEGIC PLAN

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

The target populations include commercial sex workers (CSW), men who have sex with men (MSM), People Living with HIV/AIDS (PLWHA), women at risk, in-school youth, some out-of-school youth through the Youth Empowerment Skill (YES) programme and parents of in-school youth.

21)

1.6 Does the multisectoral strategy include an operational plan?

Yes (0)

22)

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?	No

d. An indication of funding sources to support programme? No
e. A monitoring and evaluation framework? Yes

23)

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

24)

Part A, Section I: STRATEGIC PLAN

Question 1.8 (continued)
IF active involvement, briefly explain how this was organised:

Civil Society Organisations (including PLWHA and MSM organizations, churches and companies) are involved in HIV prevention and care services. Their responsibilities include the execution of HIV-related activities e.g. service delivery for prevention, care and support. They are also integrally involved in the planning process for the development of strategic and operational plans and participate in training and research processes, thus both complimenting and expanding government responses. As members of NACHA, they adopt an active role in the governance of the multisectoral response to HIV/AIDS.

25)

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

Yes (0)

26)

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

Yes, some partners (0)

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27)

Part A, Section I: STRATEGIC PLAN

Question 1.10 (continued)
IF SOME or NO, briefly explain for which areas there is no alignment / harmonization and why

Although the national strategic was devised with significant input from the development partners, not all of the external development partners have aligned and harmonized their HIV-related programmes.

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28)

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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29)

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	Yes
e. Other: Please specify	

30)

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 toland, training)	Yes
Other:	

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31)

Part A, Section I: STRATEGIC PLAN

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

No (0)

Page 17

32)

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

33)

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 signifi cant proportion of the uniformed services?

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

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34)

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):

The police and military have been targeted for increased opportunities for Voluntary Counselling and Testing (VCT) and accessibility to condoms. HIV testing is a requirement for admission to the security forces.

35)

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

No (0)

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36)

Part A, Section I: STRATEGIC PLAN

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

Yes (0)

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37)

Part A, Section I: STRATEGIC PLAN

6.1 *IF YES,* for which subpopulations?

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

38)

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

The criminal laws prohibit buggery and commercial sex work.

39)

Briefly comment on how they pose barriers:

This causes the vulnerable populations (MSM, SW) to be marginalized and largely invisible to programme implementation.

Page 23

40)

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)

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41)

Part A, Section I: STRATEGIC PLAN

7.1 Have the national strategy and national HIV budget been revised accordingly?

Yes (0)

42)

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

No (0)

Page 25

43)

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?

Estimates of current needs only (0)

44)

7.4 Is HIV programme coverage being monitored?

Yes (0)

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45)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (continued)
(a) IF YES, is coverage monitored by sex (male, female)?

Yes (0)

46)

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

Yes (0)

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47)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (b) (continued)
IF YES, for which population groups?

MSM and the youth.

48)

Briefly explain how this information is used:

To monitor reach of the programme and assist with the prioritization of the scarce resources.

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

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

Yes (0)

Page 29

50)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (c) (continued)
IF YES, at which geographical levels (provincial, district, other)?

Data for VCT is disaggregated by district.

51)

Briefly explain how this information is used:

The data is used at the national level to inform programme planning.

52)

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

Yes (0)

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53)

Part A, Section I: STRATEGIC PLAN

Question 7.5 (continued)
Overall, how would you rate strategy planning efforts in the HIV programmes in 2009?

7 (7)

54)

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

Key achievements include the revision of the 2002-2006 National Strategic Plan, increased efforts

to expand VCT to the general public through outreach and the workplace programmes, and significant strides have been made in the multisectoral responses primarily in the Ministry of Health, the Department of Education and the Department of Youth. This includes the production of a draft Policy and Strategic Plan by the Ministry of Education which embraces a multisectoral approach, increased programmes in life skills for in-school youth including female empowerment for in-school adolescent girls, increased training of teachers in life-skills, leadership training for primary and secondary school children and increased emphasis on Monitoring and Evaluation and Surveillance Strategies. Other activities include training for counsellors in Behaviour Change Communication(BCC), Parenting Workshops and Peer helping Programmes. The Dept of Youth has been instrumental in promoting information, education and communication on HIV with the introduction of an HIV/AIDS Game show, publication of comic Ref relating to HIV/AIDS and offering significant training to persons involved with the HIV/AIDS programme.

55)

What are remaining challenges in this area:

Ensuring sustained resource mobilization, allocation and availability remain a challenge and some sectors have identified significant gaps between the submission of a relevant proposal and the acquisition of external funding.

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56)

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

57)

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

58)

2.1 IF YES, when was it created?

Please enter the year in yyyy format

2005

59)

2.2 IF YES, who is the Chair?

Name	Dr Kathleen Allen-Ferdinand

Position/title Chairman

60)

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

have terms of reference?	Yes
have active government leadership and participation?	No
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?	No
review actions on policy decisions regularly?	No
actively promote policy decisions?	No
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?	No

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61)

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

13

62)

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

4

63)

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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64)

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)

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65)

Part A, Section II: POLITICAL SUPPORT

Question 3 (continued)
IF YES, briefly describe the main achievements:

Through the National AIDS Secretariat (NAS) there has been increased involvement of some Line Ministries, Faith Based Organisation(FBOs) and Non Governmental Organistion (NGOs). Line Ministries and Civil Society coordinators have demonstrated increased responsiblity in the involvement of the national response with the introduction of quarterly meetings. These organizations were invited to submit proposals to be funded under the World Bank project.

66)

Briefly describe the main challenges:

Sustaining involvement and participation of entities outside the health sector remains a challenge and not many civil society organizations support the multisectoral response. Capacity building is required as many organizations do not have the capacity to manage funds and report on their projects. There is limited genuine interest in the implementation of HIV-related activities and insufficient programme implementation, as focus remains on implementing projects and short-term activities with minimal sustainability.

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: Please specify	

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)

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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)

71)

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

Political Leaders continue to support aspects of the National Programme. There is increased allocation of resources at a multisectoral level due to and resulting in increased activities from some sectors. Public health campaigns have intensified and there is increased access to care and treatment.

72)

What are remaining challenges in this area:

Ensuring the sustainability and institutionalisation of the political support remains a challenge and most of the recommendations in policies/laws are not top priority for most politicians. As a result the legal framework to support programme implementation and enforcement of policies regarding confidentiality, stigma and discrimination continues to require amendment. HIV is not widely discussed publicly by other politicians outside of health as it is still regarded as a Ministry of Health responsibility. There is still limited participation by stakeholders in the response.

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73)

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*?

No (0)

Page 40

74)

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

75)

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)

76)

2.1 Is HIV education part of the curriculum in:

primary schools?	Yes
secondary schools?	Yes
teacher training?	Yes

77)

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

Yes (0)

78)

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

Yes (0)

79)

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?

No (0)

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80)

Part A, Section III: PREVENTION

Question 3 (continued)
IF NO, briefly explain:

Although there is no formal strategy, efforts are in place to commence a peer education programme

for the MARP-women in the factories. The Ministry of Health works in collaboration with NGOs and the Caribbean HIV/AIDS Alliance to promote information to the vulnerable population and the national programme implemented by the NAS has sought to identify the vulnerable population to promote IEC.

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81)

Part A, III. PREVENTION

Question 3.1 (continued)
Overall, how would you rate the policy efforts in support of HIV prevention in 2009?

6 (6)

82)

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

Prevention programmes aimed at the general populace continued during 2009 with increased involvement of stakeholders for strategic planning and implementation and the private sector in workplace programming. A more concerted effort is being made to increase the evidence-based approaches to HIV programming.

83)

What are remaining challenges in this area:

Ensuring that prevention programmes consistently target vulnerable populations is still a challenge particularly in the absence of a legal framework to support policy development. There is no policy or strategy for IEC/BCC and the accessibility of an IEC/BCC specialist will be advantageous.

Page 45

84)

Part A, III. PREVENTION

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

Yes (0)

Page 46

85)

Part A, III. PREVENTION

Question 4 (continued)
IF YES, how were these specific needs determined?

These needs were determined by a needs assessment involving stakeholders conducted in 2007, a situational analysis of the vulnerable populatio conducted in 2007, and from the national monitoring and evaluation surveillance.

86)

4.1 To what extent has HIV prevention been implemented?

HIV prevention component	The majority of people in need have access
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	Don't 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	Don't agree
Risk reduction for sex workers	Don't 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	Don't agree
HIV prevention in the workplace	Don't agree
Other: please specify	

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87)

Part A, III. PREVENTION

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

7 (7)

88)

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

More prevention programmes are consistantly aired in the local media. There is an increase in HIV testing and counselling, school based HIV education for young people, HIV prevention for out of school youth, condom promotion, HIV prevention in the workplace, IEC on stigma and discrimination, outreach efforts particularly for counselling and testing and condom distribution, awareness of HIV/AIDS, leadership and social skills, self esteem building and workplace programmes.

89)

What are remaining challenges in this area:

Ensuring that prevention programmes target specific sub groups is quite challenging primarily due

to the lack of human resources and the limited visibility of the MARP for several reasons inclusive of the time of work, stigma, and concerns about the legal status in the country. The development of an accompanying communication strategy in support of prevention programmes may bridge this gap, but an IEC/BCC strategy and availablity of BCC expertise/specialist is notably absent. In the Ministry of Education, lifeskills education may be further enhanced with the involvement of all the teachers in the school and the presence of training and refresher courses.

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90)

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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91)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1.1 IF YES, does it address barriers for women?

No (0)

92)

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

No (0)

93)

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

Yes (0)

Page 50

94)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 2 (continued)
IF YES, how were these determined?

A needs assessment was conducted in 2007 involving all the stakeholders.

95)

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

	The majority of people in need have access
HIV treatment, care and support service	
Antiretroviral therapy	Agree
Nutritional care	Don't agree
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Don't agree
Home-based care	Agree
Palliative care and treatment of common HIV-related infections	Don't agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	Agree
TB infection control in HIV treatment and care facilities	Agree
Cotrimoxazole prophylaxis in HIV-infected people	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	

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96)

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?

No (0)

97)

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

Yes (0)

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98)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 4 (continued)
IF YES, for which commodities?:

All drugs are available from the national formulary including ARVs, condoms, substitution drugs and

drugs for treatment of opportunistic infections.

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99)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

7 (7)

100)

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

Achievements have encompassed treatment, care and support. Through increases in HIV testing and counselling; more persons know their status and have an opportunity to acquire care and treatment. Everyone who tests positive and wishes to be in care has access to a health care proviser (HCP) with training in HIV care and treatment. The government has continued to procure medications and condoms and there is increased access to CD4 testing on island and viral load testing in Barbados, with support from PAHO.

101)

What are remaining challenges in this area:

Resource mobilisation and allocation, with technical issues surrounding moving patients from 1st line to 2nd line medications has proven to be a challenge. Case reporting by providers continues to be deficient directly impacting the estimated prevalence rate of HIV in St Kitts and Nevis. In addition, there are many HIV positive results where individuals are not informed due to difficulting in locating them,much less for them to acces care.

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102)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

No (0)

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103)

Part A, Section V: MONITORING AND EVALUATION

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

In progress (0)

Page 64

104)

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

No (0)

Page 65

105)

IF NO, briefly describe how priorities for M&E are determined:

Priorities are often driven by donor reporting requirements from external organizations although other national indicators are included.

106)

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

In progress (0)

Page 69

107)

What are the major challenges?

There is no formal mechanism for line ministries and civil sector organizations to routinely report program information to the NAS and many private practitioners are still reluctant to submit data.

Page 70

108)

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?

No (0)

109)

6.1 Does it include representation from civil society?

No (0)

Page 71

110)

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

No (0)

Page 73

111)

7.3 Is there a functional* Health Information System?

At national level	Yes
At subnational level	Yes

Page 74

112) **Part A, Section V: MONITORING AND EVALUATION**

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

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

Data is collected and collated at the District level as well as the Institutional level e.g. the health centres and hospitals. The data is then manually delivered to the Health information Unit for collation and analysis.

113)

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

Yes (0)

114)

9. To what extent are M&E data used

9.1 in developing / revising the national AIDS strategy?:

2 (2)

115)

Provide a specific example:

Data has been utilised in the revised National Strategic Plan to inform programme planning in targeting certain sub populations e.g. it was noted that twice as many women opt for VCT services and the need to target more men in VCT programming was noted in the strategic plan.

116)

What are the main challenges, if any?

Operationalization of the draft Monitoring and Evaluation plan and ensuring more buy in at the level of the community health centres and medical practitioners and other point of service personnel in the health sector requires improvement. The HIV programming will benefit for increased local capacity for conducting surveys and data feedback to ground levels.

Page 75

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

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

2 (2)

118)

Provide a specific example:

Prior to the development of the M&E draft very little data was used.

119)

What are the main challenges, if any?

The limited data presented to the M&E Officer will not allow for a true picture for resource allocation and spending is often driven by political priorities.

Page 76

120)

Part A, Section V: MONITORING AND EVALUATION

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

3 (3)

121)

Provide a specific example:

The M&E data revealed that accessing VCT services were noted to be more prevalent amongst females attending health centres; additional programmes have been implemented to increase the number of men accessing VCT services.

122)

What are the main challenges, if any?

Data from marginalized groups remains a challenge because of stigma and discrimination.

Page 77

123) **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

124) **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)

125)

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?	Yes

Page 79

126) **Part A, Section V: MONITORING AND EVALUATION**

Question 10.1 (continued)
Please enter the number of people trained <u>at national level.</u>

Please enter an integer greater than 0

3

Page 80

127)

Part A, Section V: MONITORING AND EVALUATION

10.2 Were other M&E capacity-building activities conducted other than training?

Yes (0)

Page 81

128) **Part A, Section V: MONITORING AND EVALUATION**

Question 10.2 (continued)
IF YES, describe what types of activities:

There has been attempts at improvement of the organizational and ICT(information and community technology) in the M&E department. The HIV prevention and control project will use information and communication technologies to support patient care throughout the sector.

Page 82

129) **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?

6 (6)

130)

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

Completion of the draft M&E plan, capacity building for workers in the Health Information Unit and increase in the counselling and testing of the general populace through the use of M&E data.

131)

What are remaining challenges in this area:

Building a culture of M&E so that it becomes routinely integrated in all aspect of HIV/AIDS programming remains a challenge. This results in incomplete submission of HIV/AIDS forms by physicians, insufficinet participation among private sector providers and inadequate follow-up of HIV positive clients. Improvement in the capacity of the Health Information Unit such as improved skills with development of databases, computerization of data collection tools which will facilitate timely and accurate transfer of data from service delivery points andd promote a comprehensive health information system.

Page 83

132)

Part B, Section I: HUMAN RIGHTS

1. Does the country have laws and regulations that protect people living with HIV against discrimination? (including both general non-discrimination provisions and provisions that specifi cally mention HIV, focus on schooling, housing, employment, health care etc.)

No (0)

Page 84

133)

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

No (0)

Page 86

134)

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

135)

Part B, Section I. HUMAN RIGHTS

3.1 *IF YES,* for which subpopulations?

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

136)

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

The Criminal Laws outlaw Buggery, Prostitution and Drugs. Other Laws require parental consent for treatment of persons by service providers under 18 years.

137)

Briefly comment on how they pose barriers:

MSMs feel intimidated due to a perceived discrimination and sex workers go into hiding. No one tries to help as they can be charged and even convicted of aiding and abeting a criminal offence, or in any event the commission of the offence itself.

Page 88

138) **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

139)

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

Yes (0)

Page 90

140)

Part B, Section I. HUMAN RIGHTS

Question 5 (continued)
IF YES, briefly describe this mechanism:

Registration with the Human Rights desk in the Ministry of Health.

141)

6. Has the Government, through political and fi nancial 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

142)

Part B, Section I. HUMAN RIGHTS

Question 6 (continued)
IF YES, describe some examples:

PLWHA are invited to stakeholders meeting in the formulation of the National Strategic Plan but the government has had to rely heavily on the Caribbean HIV/AIDS Alliance for involvement of MARP in the National AIDS Response.

143)

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

144)

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:

Programmes are aimed at encouraging and educating the populace to access free ARV treatment and HIV-related care. hesitancy still exists in accessing these services due to perceived stigma,

discrimination and lack of confidentiality.

145)

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

Yes (0)

Page 93

146)

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)

147)

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)

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148)

Part B, Section I. HUMAN RIGHTS

Question 9 (continued)
IF YES, briefly describe the content of this policy:

An unwritten policy.

149)

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

150)

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:

Incooperation of the Caribbean HIV/AIDS Alliance to target MARP in the National Programme Response.

151)

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

No (0)

152)

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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153)

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

Yes (0)

154)

– 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)

155)

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

No (0)

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156)

Part B, Section I. HUMAN RIGHTS

Question 12 (continued)
IF YES on any of the above questions, describe some examples:

There is an Office of Ombudsman whose task is to address Human Rights issues.

Page 99

157)

Part B, Section I. HUMAN RIGHTS

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

No (0)

158)

– Legal aid systems for HIV casework

No (0)

159)

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

No (0)

160)

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

Yes (0)

161)

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

Yes (0)

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162)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)
IF YES, what types of programmes?

Media	Yes
School education	Yes
Personalities regularly speaking out	No
Other: Faith-based community workshops, provision of MARP friendly services	Yes

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163)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)
Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2009?

1 (1)

164)

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

There have been no significant achievements in the last two years.

165)

What are remaining challenges in this area:

Revision of existing laws to provide a non-discriminatory legal framework.

Page 102

166)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)
Overall, how would you rate the efforts to enforce the existing policies, laws and regulations in 2009?

1 (1)

167)

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

No key achievements noted.

168)

What are remaining challenges in this area:

Revision of some of the present laws.

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169)

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)

170)

Comments and examples:

They have not contributed significantly to strengthening the political committment of top leaders, but through the NAS they have assisted in the national strategy/policy formulations.

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171)

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)?

3 (3)

172)

Comments and examples:

Although there been involvement in the last formulation of the National Strategic Plan and the draft Strategic Plan was disseminated for review, no response was made by civil society.

Page 105

173)

a. the national AIDS strategy?

3 (3)

174)

b. the national AIDS budget?

3 (3)

175)

Comments and examples:

The organization for PLWHA produced a national report, particularly for programmes that were funded by the NAS.

Page 106

176)

a. developing the national M&E plan?

0

177)

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

0

178)

c. M&E efforts at local level?

2 (2)

179)

Comments and examples:

There is a Monitoring and Evaluation plan that FACTTS(support group for PLWHA) reports on an annual basis.

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180)

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)?

1 (1)

181)

Comments and examples:

PLWHA have assisted with the Nutritiional Support programme instituted by the Ministry of Health and peer counselling in Nevis.

Page 108

182)

a. adequate financial support to implement its HIV activities?

3 (3)

183)

b. adequate technical support to implement its HIV activities?

3 (3)

184)

Comments and examples:

There is an account provided for the organization of PLWHA that assists with travelling expenses to access overseas care and expenses for educational purposes. However, there is minimal technical support in assisting with proposals.

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185) **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%
Prevention for most-at-risk-populations	
- Injecting drug users	<25%
- Men who have sex with men	<25%
- Sex workers	<25%
Testing and Counselling	<25%
Reduction of Stigma and Discrimination	<25%
Clinical services (ART/OI)*	<25%
Home-based care	<25%
Programmes for OVC**	<25%

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186)

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)

187)

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

There have been increased care for PLWHA and the introduction of quarterly meetings for civil society organizations.

188)

What are remaining challenges in this area:

Work is most often done by volunteers and there is a perceived lack of committment with these volunteers. The civil society meetings requires regularization.

Page 111

189)

Part B, Section III: PREVENTION

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

Yes (0)

Page 112

190)

Part B, Section III: PREVENTION

Question 1 (continued)
IF YES, how were these specific needs determined?

Through the Caribbean HIV/AIDS Alliance there was the conduction of a situational assessment to identify MARP, an intervention feasibility assessment to decide whether the part intervention was feasible and relevent(model SISTA)which was later adapted in St Kitts and a FBO assessment to determine the barriers and facilitators in implementing HIV programmes which resulted in the implementation of stigma and discrimination workshops. The BSS survey conducted in 2005-2006 was instrumental in providing requisite information in targeting young people.

191)

1.1 To what extent has HIV prevention been implemented?

HIV prevention component	The majority of people in need have access
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	Don't 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	
Other: please specify	

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192)

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)

193)

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

Increased attempts to reach MARP communities addressing bevioural change,increase in VCT outreach programmes, increase in HIV/AIDS billboards and improved accessibility of animators have been able to the MARP community. The Dept of Education has developed a draft HIV/AIDS Strategic Plan and has established an HIV/AIDs Committee within their department.

194)

What are remaining challenges in this area:

The remaining challenges is linked directly and indirectly to the size of the island. This results in a high level of stigma and discrimination, difficulty in disclosing HIv status with a resultant limited uptake and a hidden community involving MSM and CSW. The challenge therefore is to build confidence for clients in the services provided.

Page 114

195)

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

196)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

Question 1 (continued)
IF YES, how were these specific needs determined?

They were determined through broad-based discussions with interested stakeholders including FBOs.

197)

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

HIV treatment, care and support service	The majority of people in need have access
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	N/A
Palliative care and treatment of common HIV-related infections	Agree

HIV testing and counselling for TB patients	N/A
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	N/A
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	

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198)

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?

8 (8)

199)

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

There has been increased care, including nutritional care,and psychosocial support with a wider coverage for treatment programmes and regimes.

200)

What are remaining challenges in this area:

There is a perceived discrimination by PLWHA which limits VCT uptake and an absence of supportive communities. Providing a complete care package that includes psychosocial support and adherence counselling remains a challenge.

Page 117

201)

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)