# Survey Response Details

## Response Information

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## Response Details

### Page 1

**1) Country**

Jamaica (0)

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

Dr. Sharlene Beckford Jarrett (Ph.D., M.S.)

**3) Postal address:**

National HIV/STI Programme Ministry of Health 2-4 King Street Kingston, Jamaica

**4) Telephone:**

Please include country code

(876)967-1100

**5) Fax:**

Please include country code

(876)967-1643

**6) E-mail:**

sharlenebeck@yahoo.com

**7) Date of submission:**

Please enter in DD/MM/YYYY format

18/03/2010

### Page 3

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

A collaborative inquiry was used to identify stakeholders to complete the NCPI survey. Herein stakeholders/key informants from the government and civil society organizations including bi-lateral agencies and UN organizations were selected based on their knowledge of their representing organization's contribution to HIV/AIDS programme activities. This was done in collaboration with a

consultant, Dr. Jacqueline Duncan, Dr. Sharlene Jarrett, Ms. Faith Hamer and Dr. Kevin Harvey of the National HIV/STI Programme. They were selected as per Part A or B and per section of each part. Once the data was collected and analysed a stakeholders meeting was convened where findings were discussed and validated.

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

Disagreements were resolving by reviewing the data to identify the accurate information. They were also resolved by engaging in discussions at the validation meeting and taking a consensus on the issues from the appropriate stakeholders present.

**10)**

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

The grouping of categories for example: a. Policies, laws, regulations: the difficulty in grouping these areas is that: in relation to laws, policies take much less time as they are strides along the journey towards laws. Some persons will rate the presence of policies high as they are a measure of success while others because there are no laws present will respond in the reverse. Either way grouping them does not provide a true picture of the policy framework. b. Treatment care and support – although persons felt treatment services are good; care and support on the other hand have deficiencies c. Post exposure prophylactic (e.g occupational exposure to HIV, rape) again it was felt that occupational exposure services were adequate but not in regards to rape. 2. Intersectionality – overlapping of areas for example migrant workers and SW, resulting in limited or no responses in the former category. 3. Some concepts would benefit from the provision of definitions. 4. An additional response option for “Don’t know” need to be included on the tool.

**Page 4**

**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 Programme, Ministry of Health | Dr. Kevin Harvey/Senior Medical Officer | A.I, A.II, A.III, A.IV, A.V |

**12)**

| | Organization | Names/Positions | Respondents to Part A [Indicate which parts each respondent was queried on] |
|---|---|---|---|
| Respondent 2 | National HIV Programme, Ministry of Health | Faith Hamer/ Director of Policy Enabling Environments & Human Rights | A.I, A.II |
| Respondent 3 | Planning Institute of Jamaica | Mr. Walter James/Health Planner | A.I |
| Respondent 4 | Ministry of Health | Dr. Sheila Campbell-Forrester/Chief Medical Officer of Health | A.II |
| Respondent 5 | National HIV Programme, Ministry of Health | Ms. Lovette Byfield/Prevention Coordinator | A.III |

| | | | |
|---|---|---|---|
| Respondent 6 | National HIV Programme, Ministry of Health | Ms. Karel McKay/Youth intervention Coordinator | A.III |
| Respondent 7 | Ministry of Agriculture and Fishery | Mrs. Marva Allen Simms/Workplace Programme Officer | A.III |
| Respondent 8 | National HIV Programme, Ministry of Health | Dr. Debbie Carrington/Treatment, Care and Support Coordinator | A.IV |
| Respondent 9 | National HIV Programme, Ministry of Health | Dr. Tina Hyton-Kong/Medical Director | A.IV |
| Respondent 10 | National HIV Programme, Ministry of Health | Dr. Jacqueline Duncan/Director, Monitoring and Evaluation | A.V |
| Respondent 11 | National HIV Programme, Ministry of Health | Dr. Sharlene Jarrett/Monitoring and Evaluation Officer | A.V |
| 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 | | | |

**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 | International Labour Organization | Mr. Robert Chung | B.I, B.III |

**14)**

| | Organization | Names/Positions | Respondents to Part B [Indicate which parts each respondent was queried on] |
|---|---|---|---|
| Respondent 2 | UNICEF | Ms. Novia Condell/Children and HIV Specialists | B.I, B.II, B.III |
| Respondent 3 | Jamaica Network of Seropositive | Ms. Olive Edwards/ President JN+ Board | B.I, B.II, B.III, B.IV |
| Respondent 4 | UNAIDS | Dr. Piere Somse/Country Coordinator | B.I, B.II, B.III |
| Respondent 5 | UNAIDS | Ms. Anya Cushnie/Programme Associate | B.I, B.II, B.III |
| Respondent 6 | Mc.Neil & McFarlane | Ms. Carlene McFarlane/Attorney | B.I, B.II, B.III |
| Respondent 7 | UNESCO | Ms. Janelle Babb/Education Programme Assistant | B.I, B.II, B.III |
| Respondent 8 | Jamaica Business Council & Constella Futures, LLC | Mrs. Kathy McClure/Country Director | B.I, B.II, B.III |
| Respondent 9 | National AIDS Committee | Ms. Carol Miller/Executive Director | B.I, B.II, B.III |
| Respondent 10 | Jamaica Council for Persons with Disabilities | Mr. Ian Carrington/Administrator | B.II, B.III |
| Respondent 11 | Jamaica Employer Federation | Mrs. Brenda Cuthbert/CEO | B.II |
| Respondent 12 | Jamaica AIDS Support for Live | Miss. Stacey Ann Jarrett/Executive Director | B.III, B.IV |
| Respondent 13 | Hope Worldwide | Dr. Sandra Swaby/Medical Director | B.III, B.IV |
| Respondent 14 | Children's First | Ms. Claudeth Pios/Executive Director | B.III |
| Respondent 15 | Jamaica Red Cross | Mrs. Lois Hue /Senior Director Youth & | B.III, B.IV |
| Respondent 16 | Jamaica Red Cross | Mr. Marvin Gunter/National Programmes Director - HIV | B.III, B.IV |
| Respondent 17 | CHART – RCU | Dr. Brendon Bain/CHART RCU Director | B.IV |
| Respondent 18 | | | |
| Respondent 19 | | | |
| Respondent 20 | | | |
| Respondent 21 | | | |
| Respondent 22 | | | |
| Respondent 23 | | | |
| Respondent 24 | | | |
| Respondent 25 | | | |

**Page 5**

**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)**

**Page 7**

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

**Question 1 (continued)**
**Period covered:**

2008-2012

**17)**

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

**Number of Years**

21

**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 8**

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

**Question 1.2 (continued)**
**If "Other" sectors are included, please specify:**

Tourism and Agriculture and Fishery

**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?**

SW, clients of SW, MSM, PLWHA, OVC, Out of school youth, In school youth, Urban high risk groups, Women, Prison inmates, Workplaces, STI clinic attendees in the public service, Adolescents (10-14) and Youth (15 – 24)

**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:**

The involvement of civil society is organized through the NAC and the CCM. Here stakeholders are involved collaboratively in consultations. Ongoing involvement is through annual reviews, planning workshops and consultations were work plans are reviewed and consensus gained.

**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, some partners (0)

**Page 13**

**30)**

**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**

Some partners align more to a Caribbean rather than national strategy which is not always in keeping with the specific priorities of the national multi-sectoral strategy

**Page 14**

**31)**

**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)

**Page 15**

**32)**

**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 | |

**33)**

**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) | No |
| Other: Please specify | |

**Page 16**

**34)**

**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**

**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 signifi cant 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 | |

**Page 19**

**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 counselling and testing is offered

**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 | 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 | |

**41)**

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

• Parental guidance is requested by the Ministry of Health for adolescents under 16 to access treatment services • The Ministry of Education and Youth has a policy that prevents youth from accessing condoms in schools. • Sex between men (buggery), and sex work are criminal offences under Jamaican law • The availability of condoms in prisons under Jamaican law is under the discretion of the Prison authorities and they are reluctant to make them accessible.

**42)**

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

The legislation and policies prevent young people (persons under the age of 16) from accessing services in a confidential manner. It also limits prevention efforts to SW and MSM and prevents

MSM who are prison inmates from protecting themselves through the use of condoms.

**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?**

Estimates of current and future needs (0)

**47)**

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

Yes (0)

**Page 26**

**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?**

Yes (0)

**Page 27**

**50)**

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

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

Coverage is monitored for SW, MSM, In school youth and Out of school youth, Adults 15 – 45, Adolescent (10-14), Males and Females.

**51)**

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

The information is used in the following ways: to revise indicators to inform programme planning and development to expand coverage for target setting for proposal writing to identify resource needs.

**Page 28**

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

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

Yes (0)

**Page 29**

**53)**

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

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

**Parish, regionally and nationally**

**54)**

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

The information guides programme development and the allocation of resources at the parish, regional and national level. It also guides the development of targets for risk populations and helps in the identification of risk sites for targeted interventions.

**55)**

**7.5 Has the country developed a plan to strengthen health systems, including**

**infrastructure, human resources and capacities, and logistical systems to deliver drugs?**

Yes (0)

**Page 30**

**56)**

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

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

**9 (9)**

**57)**

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

There have been several achievements in strategy planning efforts in the HIV programme, among them is the accessing of funding from the Global fund, the low cost negotiation of ARV's, the private sectors' involvement in the countries response and the National HIV programmes' work with workplace programmes on HIV, the greater involvement of PLWHIV, a decrease in MTCT, AIDS cases and AIDS death and the increased testing that occurs during outreach testing activities.

**58)**

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

Remaining challenges are funding and the policy environment that continues to hamper prevention efforts. Global funding ends 2012 and World Bank funds are only being allocated towards the funding of salaries. An additional, challenge is the infrastructural space for prevention, treatment, care and support service provision. Understanding the one authority principle and meeting the Millennium development Goals (MDG) as it relates to HIV is yet another challenge.

**Page 31**

**59)**

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

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

| | |
|---|---|
| President/Head of government | Yes |
| Other high officials | Yes |
| Other officials in regions and/or districts | Yes |

**60)**

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

Yes (0)

**Page 32**

**61)**

## 2.1 IF YES, when was it created?

Please enter the year in yyyy format

1988

**62)**

## 2.2 IF YES, who is the Chair?

| | |
|---|---|
| Name | Howard Hamilton, QC |
| Position/title | Chairman |

**63)**

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

| | |
|---|---|
| have terms of reference? | Yes |
| have active government leadership and participation? | Yes |
| have a defined membership? | Yes |
| include civil society representatives? | Yes |
| include people living with HIV? | Yes |
| include the private sector? | Yes |
| have an action plan? | Yes |
| have a functional Secretariat? | Yes |
| meet at least quarterly? | Yes |
| review actions on policy decisions regularly? | Yes |
| actively promote policy decisions? | Yes |
| provide opportunity for civil society to influence decision-making? | Yes |
| strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting? | No |

**Page 33**

**64)**

## Part A, Section II: POLITICAL SUPPORT

### Question 2.3 (continued)
### If you answer "yes" to the question "does the National multisectoral AIDS coordination body have a defined membership", how many members?

Please enter an integer greater than or equal to 1

130

**65)**

**If you answer "yes" to the question "does the National multisectoral AIDS coordination**

**body include civil society representatives", how many?**

Please enter an integer greater than or equal to 1

104

**66)**

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

Please enter an integer greater than or equal to 1

26

**Page 34**

**67)**

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

**3. Does the country have a mechanism to promote interaction between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?**

**Yes (0)**

**Page 35**

**68)**

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

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

Securing funding from The Global Fund has been a major achievement as it has enabled civil society's involvement in the national response as implementers. Also the advocacy work surrounding the issues of stigma and discrimination, inclusion of PLWHIV and "know your status" campaign to name a few, has positively impacted public education. The efforts by the National programme to increase the multi-sectoral collaboration have gone a long way in integrating HIV issues into corporate and operational plans; making HIV not just an issue being addressed by the health sector but also by non-health sectors and other players.

**69)**

**Briefly describe the main challenges:**

Human resource and capacity limitations continue to hamper civil society's efforts in programme implementation. Those, combined with funding and space issues greatly limit their potential. Additionally, their sustainability issues have been an ongoing challenge impacting on their ability to receive funding.

**70)**

**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)

30

**71)**

**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: Financial Management and Proposal writing | Yes |

**72)**

**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**

**73)**

**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**

**74)**

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

**Question 6.1 (continued)**
**Overall, how would you rate the political support for the HIV programmes in 2009?**

7 (7)

**75)**

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

Several examples of political support are noted as achievements in 2009. The National workplace policy that was tabled in parliament coupled with the Minister of Health's discussion with USAID about funding for the National Strategic Plan have been major achievements in political support. Also The Government of Jamaica through the Ministry of Health's facilitation of the World Bank loan even at a time when fiscal space was limited is yet another major accomplishment. Additionally, that all fifteen Ministries have signed off on internal HIV policy is also impressive.

**76)**

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

There is a need for ongoing policy support to address laws that are inconsistent with prevention efforts; particularly to homosexuals and sexually active minors who due to the cultural context have suffered greatly due to discrimination by the general public as well as health care providers. The institutional framework in which laws are changed is lengthy with weak mechanism for policy development and implementation.

**Page 39**

**77)**

**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**

**78)**

**Part A, Section III: PREVENTION**

**1.1 IF YES, what key messages are explicitly promoted?**

Check for key message explicitly promoted (multiple options allowed)

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

**79) In addition to the above mentioned, please specify <u>other</u> key messages explicitly promoted:**

Adherence counselling and stigma and discrimination

**80)**

**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**

**81)**

**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)

**82)**

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

| | |
|---|---|
| primary schools? | Yes |
| secondary schools? | Yes |
| teacher training? | Yes |

**83)**

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

Yes (0)

**84)**

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

Yes (0)

**85)**

**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)

**Page 42**

**86)**

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

**Page 43**

**87)** **Part A, III. PREVENTION**

**Question 3.1 (continued)**

**You have checked one or more policy/strategy for "Other populations". Please specify what are "other populations".**

PLWHA and Out of school youth

**Page 44**

**88)**

**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)**

**89)**

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

Major achievement in Prevention services are the increased collaboration between partners and stakeholders for instance, the line and sector ministries and the regional health authorities. This increased collaboration commenced with increased discussion and involvement and is specifically noted through the MOU between MoH and MoE which enabled the scale up of prevention interventions. An additional achievement is the finalized 2008 National Policy for Management of HIV/AIDS in schools.

**90)**

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

There is no consensus between key stakeholders i.e. senior politicians and technical staff around policy issues. Policies such as the access to contraceptives for minors, no condom in prisons and

schools continue to limit prevention efforts. The legal framework wherein sex work and buggery are criminal offences remains a challenge.

**Page 45**

**91)**

## Part A, III. PREVENTION

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

Yes (0)

**Page 46**

**92)**

## Part A, III. PREVENTION

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

A number of indicators are combined to determine the specific needs for prevention programmes. For instance; (i) the HIV prevalence rate with particular interest in the MARPs statistics and research that provides data on attendant risk behaviours, i) the KAPB ii) CARISMA research and iii) other Ministry of health and independent research studies example “Young Bird that no Storm”.

**93)**

### 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 | Don't agree |
| Risk reduction for men who have sex with men | Agree |
| Risk reduction for sex workers | Agree |
| Reproductive health services including sexually transmitted infections prevention and treatment | Agree |
| School-based HIV education for young people | Agree |
| HIV prevention for out-of-school young people | Agree |
| HIV prevention in the workplace | Agree |
| Positive prevention | Agree |

**Page 47**

**94)**

**Part A, III. PREVENTION**

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

**9 (9)**

**95)**

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

PMTC coverage remains an achievement with significant scale-up of the work with MARPs. All subpopulations have developed strategies to target persons from their subpopulation. Increased human resources for the outreach teams have resulted in tripling of reach to MARPs during the period. Additionally, the increase in use of media campaigns targeting: VCT, condom use and condom skills building, knowledge of status, support for PLWHA, abstinence and ARV's for life were noted as achievements.

**96)**

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

Due to the economic climate that increases vulnerability the intervention coverage and reach for MARPs are limited. Evidence based interventions are needed in prevention, along with an assessment of the coverage versus the impact of the interventions.

**Page 48**

**97)**

**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)

**Page 49**

**98)**

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

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

Yes (0)

**99)**

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

Yes (0)

**100)**

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

Yes (0)

**Page 50**

**101)**

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

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

International and national level estimates, national statistics have all been brought together to determine the specific needs, in addition to information from treatment site assessments, survey data, MICS, and HATS. Both the Ministry of Health and public society have conducted surveys with the KAPB being a significant contributor. Additional information was received from the Planning Institute of Jamaica and consultations that were conducted during the NSP process.

**102)**

**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 | Don't agree |
| Home-based care | Agree |
| Palliative care and treatment of common HIV-related infections | Agree |
| HIV testing and counselling for TB patients | Agree |
| TB screening for HIV-infected people | Don't 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 | |

**Page 51**

**103)**

## 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)**

**104)**

**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)

**Page 52**

**105)**

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

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

condoms

**Page 53**

**106)**

**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?**

9 (9)

**107)**

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

The decreased death and morbidity rate in addition to the scaling-up of testing, increase in the number of persons on ARV and access to ARVs are noted as significant features in this area. Capacity and infrastructural improvements recognized by an increase in the number of providers trained in the management of HIV and increased numbers of testing and treatment sites respectively were critical to treatment care and support implementation between 2007 to 2009

**108)**

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

Maintenance issues are ongoing; preventing stock-out of reagents and other testing supplies, ensuring that machines are working to full capacity and the human resource needs are a constant challenge, this is compounded by our need to scale up.

**Page 54**

**109)**

**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?**

Yes (0)

**Page 55**

**110)**

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

**5.1 IF YES, is there an operational definition for orphans and vulnerable children in the country?**

Yes (0)

**111)**

**5.2 IF YES, does the country have a national action plan specifically for orphans and vulnerable children?**

Yes (0)

**112)**

**5.3 IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?**

No (0)

**Page 56**

**113)**

**Overall, how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2009?**

7 (7)

**114)**

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

OVC's are now in school, on ARV's and accessing book grants and back to school packages through the NAC

**115)**

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

Competing priorities and agendas, capacity challenges and poor coordination of activities limit the

work with OVC's

**Page 57**

**116)**

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

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

Yes (0)

**Page 58**

**117)**

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

2007

**118)**

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

2012

**119)**

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

Yes (0)

**120)**

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

Yes (0)

**121)**

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

Yes, most partners (0)

**Page 60**

**122)**

**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) | Yes |
| a data analysis strategy | Yes |
| a data dissemination and use strategy | Yes |

**Page 61**

**123)**

**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 |

**124)**

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

Yes (0)

**Page 62**

**125)**

**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".

10

**126)**

**3.2 IF YES, has full funding been secured?**

No (0)

**127)**

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

Yes (0)

**Page 64**

**128)**

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

**Question 3.2 (continued)**
**IF you answer "NO" i.e., indicating the full funding has NOT been secured, briefly describe the challenges:**

Finite pool of funds with limited allocation to M&E

**129)**

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

Yes (0)

**Page 65**

**130)**

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

**Question 4 (continued)**
**IF YES, briefly describe how often a national M&E assessment is conducted and what the assessment involves:**

Assessments are ongoing with at least one per year through the annual review. Other assessment activities conducted, however, are through regional reviews, the monitoring of indicators by the MERG, ad-hoc data received from MESST, capacity assessments, data from M&E training workshops and monthly reports.

**131)**

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

Yes (0)

**Page 66**

**132)**

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

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

**133)** **Number of permanent staff:**

Please enter an integer greater than or equal to 0

7

134) **Number of temporary staff:**

Please enter an integer greater than or equal to 0

0

**Page 67**

135)

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

**Question 5.2 (continued)**
**Please describe the details of <u>all</u> the permanent staff:**

| | Position | Full time/Part time? | Since when? (please enter the year in yyyy format) |
|---|---|---|---|
| Permanent staff 1 | Director | Full time | 2004 |
| Permanent staff 2 | M&E Officer | Full time | 2006 |
| Permanent staff 3 | Database Manager | Full time | 2004 |
| Permanent staff 4 | Database Officer | Full time | 2004 |
| Permanent staff 5 | Surveillance Office | Full time | 2004 |
| Permanent staff 6 | Database Clerk | Full time | 2008 |
| Permanent staff 7 | Data Entry Clerk | Full time | 2006 |
| Permanent staff 8 | | | |
| Permanent staff 9 | | | |
| Permanent staff 10 | | | |
| Permanent staff 11 | | | |
| Permanent staff 12 | | | |
| Permanent staff 13 | | | |
| Permanent staff 14 | | | |
| Permanent staff 15 | | | |

**Page 68**

136)

**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**

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

**Question 5.3 (continued)**
**IF YES, briefly describe the data-sharing mechanisms:**

Several data-sharing mechanisms are in place, among them annual and regional reviews, workshops, trainings and meetings convened to share information. Reporting forms from sub recipients and regional partners i.e. laboratory, BCC, VCT etc , in addition to reports from the Regional Directors contribute to data sharing efforts. Surveys posted by UNGASS, meetings with

Cabinet and other Government offices and media coverage are just some of the means by which data are shared

**138)**

**What are the major challenges?**

Low capacity to produce reports and limited staff results in untimely reporting that hinders the ability to ensure current and timely data. Other challenges are limited persons attending data-sharing activities and therfore information not having a trickle-down effect as only those who attend receive the information.

**Page 70**

**139)**

**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)**

**140)**

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

Yes (0)

**Page 71**

**141)** **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:**

Representatives are from Red Cross, JASL, JN+, CHART, Bi-lateral agencies, NAC, Persons with Disability, Line ministries and Sectors ministries, UN agencies and the Regional Health Authorities. Their roles include the following: • Reviewing data that is generated from the M&E system • Reviewing data projections by the MERG for UNAIDS • Identifying research priorities and research agendas • Providing technical advice • Providing feedback on indicators • Identifying M&E gaps

**142)**

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

Yes (0)

**Page 72**

**143)**

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

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

Managed by the M&E Unit within the NAP, the database includes national indicators based on the M&E plan. Reports are obtained from the health regions and civil society and are entered into the database. The database generates reports by indicators.

**144)**

**7.2 IF YES, does it include information about the content, target populations and geographical coverage of HIV services, as well as their implementing organizations?**

Yes, all of the above (0)

**Page 73**

**145)**

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

| | |
|---|---|
| At national level | Yes |
| At subnational level | Yes |

**Page 74**

**146)** **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)?**

district,parish and regional

**147)**

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

Yes (0)

**148)**

**9. To what extent are M&E data used**

**9.1 in developing / revising the national AIDS strategy?:**

4 (4)

**149)**

**Provide a specific example:**

Surveillance data are used to identify group behaviours and the specific locations where these behaviours are conducted in order develop targeted interventions.

**150)**

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

• Further data is needed on the behaviours of some high risk groups • Timely reporting • Generalising data across geographic locations. • Limited human resource capacity restricts the extent to which the system can be utilized.

**Page 75**

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

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

4 (4)

**152)**

**Provide a specific example:**

Testing, prevention and treatment receive funding based on cases of infected pregnant women per region

**153)**

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

• Insufficient reliance on data generated from the M&E unit • Competing agendas of funding agencies • Finite pool of money available for programmatic activities

**Page 76**

**154)**

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

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

**4 (4)**

**155)**

**Provide a specific example:**

Rapid testing was implemented on labour wards due to PMTCT data that revealed delays in receiving HIV test results

**156)**

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

Although the issue was identified and rapid testing was recommended for implementation, not all labour wards are doing rapid testing.

**Page 77**

**157)** **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, at all levels (0)

**Page 78**

**158)**

**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**

**159)** **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

10

**160)** **Please enter the number of people trained <u>at service delivery level including civil society.</u>**

Please enter an integer greater than 0

200

**Page 80**

**161)**

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

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

Yes (0)

**Page 81**

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

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

• Technical assistance • Mentoring • Job coaching • Development and implementation of the M&E training manual

**Page 82**

**163)** **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?**

9 (9)

**164)**

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

The finalization of the M&E plan and the operationals manual was a major achievement in M&E. The process of streamlining reports greatly improved information gained from NGO's, sub recipient, line ministries and other civil society representatives. This data was used to access capacity building and inform programme planning and development. During the period a number of research projects were conducted that further impacted on programme planning and development.

**165)**

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

Again timely reporting limits the full utilization of the M&E data. Also, although the database is implemented, getting persons to use it and use data that comes from it to inform programme development is challenging. There is a heavy reliance on paper based data formulation as opposed to electronic and making the switch is challenging for some players. Due to limited human resources meeting the demands of donor agencies while building the database is an ongoing challenge, all this compounded by high staff turnover.

**Page 83**

**166)**

**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**

**167)**

**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**

**168)**

**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**

**169)**

**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 | |

**170)**

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

The policies and legislation that pose barriers are: 1) Ministry of Education's policy of no condoms in school – it prohibits adolescents and youth who may need access to condoms in school from obtaining them and sunsequently protecting themselves. 2) The Child Care and Protection Act – it contains a section on mandatory reporting for sexually active persons under the age to 16 years. 3) Offences Against the Persons Act – Regards sex between men as a criminal offense of "Buggery". Consequently the homosexual community is forced underground and therefore are difficult to reach with prevention interventions and treatment 4) Sex work and injecting drug use are illegal – again making it difficult to reach these populations 5) Barriers to condoms in prisons - makes the provision of condoms to inmates at the discretion of the prison authorities who deny access to condoms for inmates. Although the authorities do not hamper interventions provided to all the groups impacted above, they have the authority to do so. In general the atmosphere impeded service efforts to these groups as there are limited prevention and service commodities available in some areas. It also acts as a disincentive to accessing services due to stigmatization among some populations and furthermore has implications on disclosure.

**171)**

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

They all limit access to services or commodities to selected populations.

**Page 88**

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

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

Yes (0)

**Page 89**

**173)**

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

**Question 4 (continued)**
**IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:**

The National Strategic Plan is guided by the principles of the human rights approach in that it details an enabling environment that promotes human rights. Additionally, human rights is explicitly discussed in the Policy on HIV/AIDS and the National Workplace Policy from the perspective of accessing education, housing, care and transportation and to address discrimination in all its forms.

**174)**

**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**

**175)**

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

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

The National HIV Discrimination Reporting and Redress System is a multi-sectoral system lead by the ministry of health through the NAP. It is designed to collect, investigate and be a focal point for redress for complaints of discrimination related to the real or perceived HIV status of an individual. Complaints to the system are made by or on behalf of any person who has experienced discrimination as a result of real or perceived HIV status or because of association with a person living with or affected by HIV and AIDS or by any person who witnesses an incident of HIV -related discrimination

**176)**

**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**

**177)**

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

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

A PLWHA is directly involved in policy design and implementation through the National HIV Discrimination Reporting and Redress System. NGO's are sub recipients of Global funds through the National HIV/AIDS Programme. These funds finance activities in all aspects of the response and involve activities to vulnerable populations. Examples of NGO sub recipient are Children's First, JASL, Jamaica Redcross, 3D Projects, Hope Worldwide and The Family and Parenting Centre.

**178)**

**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**

**179)**

**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:**

Jamaica has a policy of free access to health services which is inclusive of HIV prevention and ARV treatment services. The Global Fund finances ARV's which is available through the public health care system. Access to services for vulnerable populations is hindered by stigma and discrimination by the general population as well as by attitudes of the health care workers and again the policy framework hinders access and prevents scale-up of services to marginalized groups.

**180)**

**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**

**181)**

**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)

**182)**

**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**

**183)**

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

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

In the National HIV Policy a framework is defined for an effective multi-sectoral response to the epidemic. It outlines the roles of all sectors of society in the response and affirms the rights and responsibilities of PLWHA and those affected. It further defines a framework for assistance and corporation from development partners and puts forth a mechanism for implementation and monitoring.

**184)**

**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**

**185)**

**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:**

• The development of culturally sensitive, accurate and appropriate HIV/AIDS awareness and educational programme with active PLWHA participation are strategies for PLWHA • Increased

condom use and strengthening condom use skills among women and other vulnerable groups • Promoting VCT for adolescents and other vulnerable groups • Promoting proper diagnostics for STI patient to reduce HIV infection

**186)**

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

Yes (0)

**187)**

**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?**

Yes (0)

**Page 96**

**188)**

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

**11.1 IF YES, does the ethical review committee include representatives of civil society including people living with HIV?**

No (0)

**Page 97**

**189)**

**– 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)

**190)**

**– 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**

Yes (0)

**191)**

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

Yes (0)

**Page 98**

**192)**

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

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

• NHDRRS – is a national institution that protect persons against incidences of discrimination, they also have focal points in government ministries • Public Defenders Office– a national institution that protects and defends the human rights of individuals • Workplace policies – in all 18 ministries • Jamaicans for Justice and Human Rights Commission – independent national institutions that addresses human rights abuses. • National AIDS – Legal and Ethical Committee

**Page 99**

**193)**

**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?**

Yes (0)

**194)**

**– Legal aid systems for HIV casework**

Yes (0)

**195)**

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

Yes (0)

**196)**

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

Yes (0)

**197)**

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

Yes (0)

**Page 100**

198)

**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 |
| Business Council,NAC, UWI-HARP, CHART | Yes |

**Page 101**

199)

**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?**

6 (6)

200)

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

The National HIV Discrimination Reporting and Redress system has been a major contributor to promoting and protecting human rights, in addition to all the workplace policies. The revision of the National School Policy from the MOEY and the work in progress with laws to eradicate discrimination via the Occupational Health and Safety Act are all considered achievements in this area.

201)

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

However, the legal and legislative framework have not changed and top officials still have a hands off attitude towards Acts such as the Buggery Act and legislation towards sexually active minors. Policies that exist are not enough to enact change compounded by the limited implementation of them.

**Page 102**

202)

**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?**

5 (5)

203)

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

The NHDRRS is one of the major achievements along with the non- discrimination policy in schools. Also the increase in the number of completed workplace policies in both the private and the public sectors are admirable

204)

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

• The prohibitive laws that are in place are an ongoing challenging. • The formation of legislation that takes a long time to materialize • The financial and manpower needed to make legislative change occur • The economic climate and country context that exposes women and children to high risk behaviours

**Page 103**

205)

**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)

206)

**Comments and examples:**

• Strong leadership at the NAP level to make sure GIPA is effectively used. • UNICEF funded the Ministry of Education's HFLE programme • Ministry of Education approved their strategic plan

**Page 104**

207)

**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)

208)

**Comments and examples:**

The UN organized the planning process for the development of the MoH National Strategic plan. Civil society was invited and attended the planning meetings. Through the CCM multi-sectoral collaboration and consultations are a requirement. Despite this inclusion and collaboration, it is felt that civil society has not informed the plan, as the major decisions are taken by the MoH. In addition, there is uncertainty to whether civil society has the capacity to contribute to policy developments in a meaningful way and to review draft of such nature.

**Page 105**

**209)**

**a. the national AIDS strategy?**

4 (4)

**210)**

**b. the national AIDS budget?**

3 (3)

**211)**

**c. national AIDS reports?**

3 (3)

**212)**

**Comments and examples:**

• The National AIDS strategy both includes and funds activities to reach MSM, Adolescents and Youth, SW and PLHIV and civil society and therefore contributes to the reach of all these groups.
• Reports from all the civil society Global fund sub recipients are compiled and are incorporated into the National AIDS reports

**Page 106**

**213)**

**a. developing the national M&E plan?**

3 (3)

**214)**

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

3 (3)

**215)**

**c. M&E efforts at local level?**

3 (3)

**216)**

**Comments and examples:**

The MERG which constitutes civil society is the working group responsible for coordinating M&E activities. However, the group appears to meet inconsistently and infrequently with some groups underrepresented.

**Page 107**

**217)** **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)?**

4 (4)

**218)**

**Comments and examples:**

Some groups are well represented such as PLWHA through organizations such as JN+, JASL and GIPA. Sex Workers, FBO, and UN agencies are also well represented; however, involvement could be improved by groups such as the youth and the disabled community. An important issue to note is that although some civil society groups are represented and engaged in discussions they do not influence the decision making process in other words they maybe diverse but not inclusive.

**Page 108**

**219)**

**a. adequate financial support to implement its HIV activities?**

3 (3)

**220)**

**b. adequate technical support to implement its HIV activities?**

3 (3)

**221)**

**Comments and examples:**

The ability to access financial support is contingent on technical skills and is tied to a close link to the public sector. Some civil society groups do not have the capacity to access funding, they come together out of a need due to a passion with limited skills set and there is not a specific effort to capacitate them. Others with the capacity to do so, find the alliance between public sector and themselves via MOU challenging. The mechanisms that are in place to report once funding is received are barriers to civil society as they are time consuming, hard, tedious and stressful. Sustainability is a real challenge for civil society accessing financial support as there seems to be no real way to make their work sustainable

**Page 109**

**222)** **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 | >75% |
| - Sexworkers | 25-50% |
| Testing and Counselling | <25% |
| Reduction of Stigma and Discrimination | <25% |
| Clinical services (ART/OI)* | <25% |
| Home-based care | <25% |
| Programmes for OVC** | 25-50% |

**Page 110**

**223)**

## Part B, Section II. CIVIL SOCIETY PARTICIPATION

### Question 7 (continued)
### Overall, how would you rate the efforts to increase civil society participation in 2009?

7 (7)

**224)**

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

The introduction and broadening of the participation of the CCM has enabled greater collaboration and involvement from civil society through their participation in the NSP, Global Fund processes and other major country HIV initiatives. The employment of an Executive Director for the NAC; the organization that coordinates civil society involvement, push started the continuation of activities by them. The position was vacant and therefore negatively impacted the work of that organization. The initiation of the GIPA unit by the NAP has been yet another key achievement in increasing civil society's participation during the period.

**225)**

### What are remaining challenges in this area:

Again the issues of inclusiveness, human and technical support, availability of resources, sustainability, and operational costs are ongoing challenges impacting negatively on civil society's participation as they contribute to the countries response to HIV. Interventions with OVC and the disabled community are underserved. Capacitating civil society to access the available resources and meet the reporting requirements is difficult particularly with their high staff turnover. Furthermore who would be charged with capacitating them? The NAP is already overwhelmed with the provision of services and their own funding and reporting needs.

**Page 111**

**226)**

## Part B, Section III: PREVENTION

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

Yes (0)

**Page 112**

**227)**

## Part B, Section III: PREVENTION

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

• UNGASS • MSM indicators • Youth Risk and Resilience Surveys • Prevalence rates • Social research • NAC stakeholders provide input. • Working groups such as the MERG and those at annual reviews, discussions with stakeholders. • Information gained from what is happening globally.

**228)**

### 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 | Don't agree |
| Risk reduction for men who have sex with men | Don't 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 | Don't agree |
| HIV prevention in the workplace | Agree |
| Prison Population | Don't agree |

**Page 113**

**229)**

## Part B, Section III: PREVENTION

### Question 1.1 (continued)
### Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?

8 (8)

**230)**

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

• Stigma and Discrimination programmes have increased their reach; persons have been coming forward to be the face of HIV in the media. The greater involvement of person with HIV not just in programme planning but also implementation is an accomplishment. • The Jamaican Business Council on HIV involvement in the country's response has made public that HIV is not solely a health issues but has implication for the work force and the work place. • PMTCT has been an ongoing achievement along with work in the Line ministries and sectors ministries resulting in both the National workplace policy for HIV as well as individual private sector policies for specific workplaces. • The allocation of funding for multiple NGO activities has made it clear that prevention is a priority. • Increase work with MARPs have resulted in NAP support for vulnerable populations (OVC)

**231)**

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

• The prevention area needs a larger vision, one that is more focused on research and evidence based interventions. It could benefit from additional attention to the disabled sector as a MARPs and additional positions to address MARPs community and social issues. • A continued challenge for middle income counties is that resources are not readily available and so cuts are persistent in some areas having a detrimental impact on reach. • Civil society groups are not sustainable unfortunately they can spend more time looking for funding than completing their mandate. • The legal framework hampers preventions efforts in the meantime prevention seems to be lagging behind as universal access to prevention is not attained and new infections are on the increase

**Page 114**

**232)**

**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**

**233)**

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

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

• Ongoing discussion with MoH through the NAP process • Discussions with health regions • Feedback from NAC which has a wide membership • Evaluations • Statistics from CHART • CD4 counts.

**234)**

**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 | Don't agree |
| Paediatric AIDS treatment | Agree |
| Sexually transmitted infection management | Agree |
| Psychosocial support for people living with HIV and their families | Don't agree |
| Home-based care | Don't agree |
| Palliative care and treatment of common HIV-related infections | Agree |
| HIV testing and counselling for TB patients | Don't agree |
| TB screening for HIV-infected people | Don't agree |
| TB preventive therapy for HIV-infected people | Don't 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 | |

**Page 116**

**235)**

## 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)

**236)**

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

Treatment services have been described as strong, with the availability of free ARVs and the service being accessible in 18 treatment sites including NGO sites throughout the Island. The public is well aware of the accessibility and available of treatment services. TB infection control, PMTCT and Adherence Counselling have avenues for patient follow up and theses programmes have all contributed to the achievements made in treatment services. The availability of funding from the Global Fund have enabled the maintenance of laboratory machines (CD4) and the consistent provision of reagents and machines for a constant and dependable service resulting in a stable request for tests by medical doctors.

**237)**

## What are remaining challenges in this area:

Although treatment is progressing, care and support services are lagging behind. The stigma and

discrimination of health care workers towards particular high risk groups is stated as posing barriers to persons seeking treatment and being aware of the options available to them. Sustainability remains a challenge as treatment, care and support funds comes from outside sources as such the provision of ARV's needs to be included into the National Budget. Cultural and political barriers limit access to treatment sites even when in close proximity to patients in need of services.

**Page 117**

**238)**

**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?**

Yes (0)

**Page 118**

**239)**

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

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

Yes (0)

**240)**

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

Yes (0)

**241)**

**2.3 IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?**

No (0)

**Page 119**

**242)**

**Overall, how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2009?**

5 (5)

**243)**

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

• There is a reduction in the number of OVC since parents are living longer on ARVs. • Work done with families of OVC resulted in them feeling more comfortable in caring for their OVC family members • Collaboration with the education ministry have enabled HIV policy in schools thus reducing the incidences of discrimination towards OVC • Increased involvement of civil society (Dear to Care and Mustard Seed) in the care of OVC

**244)**

## What are remaining challenges in this area:

Notwithstanding the work conducted with schools surround issues of discrimination there still have been experiences of discrimination in the school setting towards OVC and although some of their needs are being addressed(living and schooling) their psychosocial needs go unmet.